



# City of Yazoo City

Office of the City Clerk

P. O. Box 689 • Yazoo City, Mississippi 39194

(662) 746-1401 (662) 746-6506 (fax)

## **REQUEST TO INSPECT \* COPY \* REPRODUCE PUBLIC RECORDS**

(Please Print or Type)

TODAY'S DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSON REQUESTING: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SUBJECT MATTER: \_\_\_\_\_

DESCRIBE RECORDS REQUESTED \_\_\_\_\_  
\_\_\_\_\_

(Any request shall be clear and concise and shall be directed toward only one subject matter.)

MANNER OF COMPLIANCE:	<input type="checkbox"/> Personally Inspect
	<input type="checkbox"/> Personally Copy
	<input type="checkbox"/> Cause to Be Copied
	<input type="checkbox"/> Other

MANNER OF DELIVERY:	<input type="checkbox"/> By Mail to Address Above
	<input type="checkbox"/> Pick Up In Person
	<input type="checkbox"/> Fax if Possible

I have read and understand the published statements entitled *Policy and Procedure- Mississippi Public Records Act of 1983*, and I further understand that the actual cost of compliance with my request, if granted, shall be borne by me, including mailing costs, if applicable. I also understand that any request shall be clear and concise and shall be directed toward only one subject matter and that actual costs of compliance with my request, if granted, shall be paid by me in advance of the receipt of any information.

### SIGNATURE OF PERSON REQUESTING RECORDS

#### (FOR OFFICE USE ONLY)

REQUEST DIRECTED TO:	CITY CLERK/CITY HALL
Request Sent To: _____	COPIES _____ @ \$ .50 _____
Department on _____	RESEARCH _____ @ \$ _____
Response rec'd from _____	COMPUTER TIME _____ @ \$ _____
on _____	OTHER Cost _____ @ \$ _____
	*(Pro Rater Salary of City Employee)
	Total Estimate: _____
	Receipt # _____ Amount Paid _____

REQUEST APPROVED: \_\_\_\_\_ REQUEST DENIED: \_\_\_\_\_ / LETTER SENT: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
(MUNICIPAL CLERK/DEPUTY MUNICIPAL CLERK)

DATE OF COMPLIANCE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_