

CITY OF PASCAGOULA  
P.O. DRAWER 908  
PASCAGOULA, MS 39568-0908

**REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS**

**PLEASE PRINT CLEARLY**

**PERSON REQUESTING:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**BUSINESS: (IF APPLICABLE)** \_\_\_\_\_

**If Attorney/Ins. Co. making request, Client's Name and Address:** \_\_\_\_\_

**SUBJECT MATTER: (Name, Address, SSN #, Case #, Birthday)** \_\_\_\_\_

\_\_\_\_\_

I have read and understand the provisions set forth in the attached Resolution adopted by the City of Pascagoula on April 20, 1999 - "Procedures for Inspecting or Copying Public Records" pursuant to Section 2561-1 Et Seq., Mississippi Code of 1972.

I understand that the actual cost of compliance with my request, if granted, shall be borne by me including mailing cost if applicable. Actual costs of compliance with my request, if granted, shall be paid by me in advance of the receipt of any information provided.

**SIGNATURE OF PERSON REQUESTING RECORD**

----DO NOT WRITE BELOW----

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Request directed to: Karen Kennedy or Carol Groen Phone: (228) 938-6615  
City of Pascagoula FAX: (228) 938-6749  
P.O. Drawer 908 Email: cityclerk@cityofpascagoula.com  
Pascagoula, MS 39568-0908

	<u>Estimate of Cost</u>		
Copies (copier or computer generated)	@ \$ .25 each	=	_____
Material & Information/City Employee	@ \$ 8.00 per hour	=	_____
Research/City Employee	@ \$10.00 per hour	=	_____
Computer Information	@ \$50.00 per hour	=	_____
Cassette tape/CD	@ \$15.00 each	=	_____
Mailing fee		=	_____
Receipt Number _____	<b>TOTAL AMOUNT PAID</b>		_____

**POLICE DEPARTMENT COSTS ARE NOT THE SAME AS ABOVE ESTIMATE OF COSTS**

**REQUEST: APPROVED: \_\_\_\_\_ REQUEST DENIED: \_\_\_\_\_ DATE OF COMPLIANCE: \_\_\_\_\_**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**CITY CLERK OR DEPUTY CITY CLERK**