

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

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----

**Request directed to: Karen Kennedy or Carol Groen
City of Pascagoula
P.O. Drawer 908
Pascagoula, MS 39568-0908**

**Phone: (228) 938-6615
FAX: (228) 938-6749 or (228) 372-6858
Email: cityclerk@cityofpascagoula.com**

| | <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 _____ | TOTAL AMOUNT PAID | | _____ |

REQUEST: APPROVED: _____ **REQUEST DENIED:** _____ **DATE OF COMPLIANCE:** _____

SIGNATURE: _____ **DATE:** _____ **DEPARTMENT:** _____
DEPUTY CLERK OR CITY CLERK