

CITY OF LUCEDALE

REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS

DATE : \_\_\_\_\_

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

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

TELEPHONE : \_\_\_\_\_

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

MANNER OF COMPLIANCE \*\* : \_\_\_\_\_

Personally inspect

Personally copy

Cause to be copied

MANNER OF DESIRED : \_\_\_\_\_

By mail to the address above

In person at City Hall

I have read and understand the published statements entitled "City of Lucedale Policy and Procedure on Mississippi Public Records Act of 1983" and I further understand that the actual cost of compliance with my request, if granted, shall be paid 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.

\*\* - Actual costs of compliance with my request, if granted, shall be paid by me in advance of the receipt of any information.

THIS REQUEST IS DIRECTED TO: City Clerk or \_\_\_\_\_

City of Lucedale  
5126 Main Street  
Lucedale, MS 39452

REQUESTED BY: \_\_\_\_\_

APPROVAL GRANTED BY: \_\_\_\_\_