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: ____________________________________________