



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:	_____ Personally Inspect
	_____ Personally Copy
	_____ Cause to Be Copied
	_____ Other

MANNER OF DELIVERY:	_____ By Mail to Address Above
	_____ Pick Up In Person
	_____ 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. The City of Yazoo has 7 business days to respond to public records requests.

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: _____