**City of Macon**

**P. O. Box 29**

**Macon, Mississippi 39341**

**662-726-5847**

**662-726-2409 (Fax)**

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

**(Please Print or Type)**

TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

**Manner of Compliance:** ( )Personally Inspect

( ) Photocopy of Document

**Manner of Delivery:** ( ) By Mail to Address Above

( ) To pick Up in Person

( ) Fax if Possible

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF PERSON REQUESTING RECORDS**

**DO NOT WRITE BELOW**

**REQUEST IS DIRECTED TO: Casandra Henry, City Clerk**

**ESTIMATE OF COST:** Copies \_\_\_\_\_ @ $ 0.25 = \_\_\_\_\_\_\_\_\_\_\_\_\_

Computer Time \_\_\_\_\_ @ $ 50.00/hour = \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Cost \_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_ REQUEST APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REQUEST DENIED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

CITY CLERK/DEPUY CLERK

DATE OF COMPLIANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_