

**CITY OF CLARKSDALE  
REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS**

DATE OF REQUEST : \_\_\_\_\_

NAME OF PERSON REQUESTING : \_\_\_\_\_

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

TELEPHONE NO. : \_\_\_\_\_

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

PUBLIC RECORDS SOUGHT TO  
BE INSPECTED OR COPIED : \_\_\_\_\_

- MANNER OF COMPLIANCE \*\*
- I wish to personally inspect the specified records.
  - I request that the specified records be copied by the City, at my expense.

- MANNER OF DELIVERY DESIRED
- By mail to the address above
  - In person at City Hall

I have read and understand the published statements duly adopted by the Board of Mayor and Commissioners of the City of Clarksdale entitled "Resolution Establishing and Adopting a Uniform Procedure for Access to Public Records as Allowed Under the Mississippi Public Records Act of 1983". I further understand that the City of Clarksdale will grant my request only as to records specified as "public records" under the Mississippi Public Records Act of 1983. 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.  
\*\* - Actual costs of compliance with my request, if granted, shall be paid by me in advance of the receipt of any information.

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

THIS REQUEST IS DIRECTED TO: City Clerk or \_\_\_\_\_  
City of Clarksdale  
P. O. Box 940  
Clarksdale, MS 38614

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

CITY'S ESTIMATE OF COSTS : \_\_\_\_\_

CITY'S ESTIMATED DATE OF COMPLIANCE : \_\_\_\_\_