



10383 Automall Pkwy
P.O. Box 6519
D'Iberville, MS 39540
228-392-CITY

REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS

Please Print or Type

Today's Date: _____ Person Requesting Information: _____

Phone number(s): _____

Full Address: _____

If Attorney or Insurance Co. Making Request, Please Provide Name of Business & Name of Client:

Subject of Request: (Please be clear and concise and direct your request to only one subject matter)

Manner of Compliance

- Personally Inspect
- Photocopy of Document

Manner of Delivery

- By Mail to Address Above
- Picked up in Person at City Hall by
Person Making Request

City of D'Iberville Public Record Policy is in accordance with its Code of Ordinances, Ordinance #4 and with the Mississippi State Code of 1972, as amended. A summary of Ordinance #4 may be viewed at *diberville.ms.us* or by request. The Mississippi Code may be viewed at: *http://www.mscode.com/free/statutes/* or by request. Persons making requests are responsible for paying costs of copies and/or mailing costs. These costs must be pre-paid before records can be released.

I have read and understand the City of D'Iberville's policy regarding requests for public records.

Signature of person making request

Office Use Only ~ Do Not Write Below

Direct all requests to City Clerk or City Manager

Request Approved

Request Denied

Signature: _____

Date: _____

Estimate of Cost

Copies per one-sided page: _____ @ 30 cents each = \$ _____

Research Fee (if applicable) per city staff hour: _____ @ \$25 per hour = \$ _____

Other Costs: \$ _____

Total: \$ _____

Paid _____
(date and method)