REQUEST TO INSPECT, COPY OR REPRODUCE
PUBLIC RECORDS

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

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 _____ @ 35 cents each = $ _____

Research Fee (if applicable) pay scale of the lowest level employee or contractor competent to respond to the request _____ @ $_____ per hour = $_____

Other Costs: (i.e. thumb drives/discs, etc.) $_____

Total: $_____ Paid _____ _____

(date and method)