

PUBLIC RECORDS REQUEST
City of Florence, Mississippi

CHECK ONE: PUBLIC SAFETY REPORT _____ NON-PUBLIC SAFETY REPORT _____

PERSON REQUESTING: _____ PHONE: _____ FAX: _____

ADDRESS: _____

NAME OF BUSINESS (IF APPLICABLE): _____

RECORD(S) REQUESTED: _____

(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
 () Picked up in person
 () By fax, if practical to City

For further information regarding this form and the City's Public Records Policy, please see the City Clerk at 203 College Street, Florence, Mississippi. A copy of the City's policy along with Section 25-61-1, *et sec.*, Mississippi Code of 1972, as annotated, are available for review upon request.

I understand that the actual cost of compliance with my request, if granted, shall be borne by me, including mailing cost, if applicable, Cost of compliance, if granted, shall be paid by me at the time of request, and any additional cost will be paid in advance of the receipt of any information. No request is deemed as made until fully funded.

SIGNATURE OF PERSON REQUESTING RECORDS

FOR CITY USE ONLY

ESTIMATE OF COST:	Accident Report	\$25.00 each	X _____ = _____
	Accident Reconstruction Report	\$150.00 each	X _____ = _____
	All Other Reports	\$10.00 each	X _____ = _____
	If over 30 minutes retrieval time and over 10 pages, additional charge of \$10.00 per hour and 50 cents per page.		X _____ = _____
	Postage/Long Distance Fax Surcharge		= _____
	TOTAL AMOUNT COLLECTED		_____

DATE OF REQUEST WITH FUNDING: _____ DEPARTMENT: _____ DATE OF REPLY: _____