**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: Admin fee per document $1.00 each X\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accident Report $35.00 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: \_\_\_\_\_\_\_\_\_\_\_\_