CITY OF LONG BEACH, MISSISSIPPI
201 JEFF DAVIS AVENUE
LONG BEACH, MS 39560
TELEPHONE: 228-863-1556
FAX: 228-865-0822
eward@longbeachms.gov

REQUEST TO INSPECT, COPY, OR REPRODUCE PUBLIC RECORDS

(PLEASE PRINT) DATE:_____ TIME:_____ PHONE:_____
PERSON REQUESTING: _____ FAX:_____
BUSINESS (IF APPLICABLE): _____
IF ATTORNEY/INSURANCE CO. MAKING REQUEST, CLIENT'S NAME:_____
ADDRESS:_____
_____
PHONE :_____ E-MAIL:_____
SUBJECT MATTER & DATE: _____
_____
_____

(Any request shall be clear and concise and shall be directed toward only one subject matter)

MANNER OF COMPLIANCE: ___ Personally Inspect ___ Cause to Copied ___ PDF Scan

MANNER OF DELIVERY: ___ By Mail to Address Above ___ In Person at City Hall ___ E-Mail

For further information regarding this form and the City's public records policy, please see the following Code Section: Public Record, Section 25-61-1 et seq. of the Mississippi Code of 1972, as amended and City of Long Beach Ordinance Number ____. A copy of the Code Section is available for review upon request.

Requests must be received at least three (3) working days before examination by the applicant is to take place. The City of Long Beach reserves the right to demand additional time to provide public records for inspection where they request is for information not readily attainable, nevertheless, the waiting period is not to exceed seven (7) days from the day of receipt of request.

Requests requiring research shall be billed at the rate of $20 per hour. Requests requiring research and/or time spent by the City Attorney determining the release eligibility of such public records shall be billed at the rate of $80 per hour. Requests involving computer time shall be billed at the rate of $50 per hour.

I UNDERSTAND THAT THE ACTUAL COST OF COMPLIANCE WITH MY REQUEST, IF GRANTED, SHALL BE BORNE BY ME, INCLUDING MAILING COST, IF APPLICABLE. ACTUAL COSTS OF COMPLIANCE WITH MY REQUEST, IF GRANTED, SHALL BE PAID BY ME IN ADVANCE OF THE RECEIPT OF ANY INFORMATION.

_____
SIGNATURE OF PERSON REQUESTING RECORDS

FOR OFFICE USE ONLY

DATE REQUEST RECEIVED: _____ BY: _____
(Name of Person Receiving Request)
REQUEST DIRECCT TO: _____ DEPARTMENT:_____

CHARGES:	No. Copies	_____ @	$0.25 each	=	$_____
	Labor	_____ @	$8.00/hour	=	$_____
	Research	_____ @	$20.00/hour	=	$_____
	City Attorney	_____ @	$80.00/hour	=	$_____
	Computer Time	_____ @	$50.00/hour	=	$_____
	Mailing Costs			=	$_____
	Records Maintenance Fee			=	$ 1.00
	TOTAL CHARGES			=	$_____

RECEIPT # _____ AMOUNT PAID $_____

REQUEST APPROVED: _____ (Date) REQUEST DENIED_____ (Date)

_____
City Clerk (and/or) Mayor (and/or) City Attorney

Denied, State Reason:_____
_____
_____

Date of Compliance: _____ By: _____ Dept: _____
(Signature)