

Deadline \_\_\_\_\_

**CITY OF SOUTHAVEN**  
**PUBLIC RECORD REQUEST**

8710 Northwest Drive  
Southaven MS. 38671  
Phone 662.280.2489  
Fax 662.280.6556

Contact Information	
Name:	_____
Phone:	_____
Email:	_____

Date of Request: \_\_\_\_\_

TO: City Clerk

I, \_\_\_\_\_, hereby request that the City of Southaven provide the information below (please circle one) *as copies* or *access for review*:

Please provide, as specific as possible, including locations and addresses, the information you are requesting:


**NOTICE:** All Public Record Requests pertaining to the Southaven Police Department require additional information. Please use appropriate form for SPD requests.

I understand that the City of Southaven will assess me the following charges for processing the above request:  
Checks should be made payable to the *City of Southaven*.

COPIES	BLACK/WHITE	COLOR
8 ½ x 11	0.25 per side	0.50 per side
8 ½ x 14	0.25 per side	0.50 per side
11 x 17	0.50 per side	1.00 per side

Any larger size require by plotter/scanner will be assessed an additional charge of \$10.00 for black/white, \$15.00 for color and \$15.00 for CD-Digital format.

Personnel assistance in processing request shall be charged at a rate of \$20.00 per hour, or portion thereof, with a minimum of a \$20.00 fee. *An estimated deposit may be collected prior to granting this request.*

Approved

Number of Pages \_\_\_\_\_

Denied

Amount Due \_\_\_\_\_

City Clerk/ Deputy City Clerk

Date