

Deadline: _____
(Office use only)



Citizen Contact Information:	
Name:	_____
Phone:	_____
Email:	_____

City of Southaven
8710 Northwest Drive
Southaven, Ms. 38671
Phone: 662-280-2489 Fax: 662-280-6556

Public Record Request

Date of request: _____

TO: City Clerk

I, _____, **hereby request that the City of Southaven provide the information listed below:**

(Please circle one.)

- copies of
- access for review

Please provide address or location:	_____

I understand that the City of Southaven will assess me the following charges for processing such request:

Checks should be made out to the City of Southaven.

<u>Copies</u>	<u>black/white</u>	<u>color</u>
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 required 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 Pages _____

____ Denied

Amount Due

City Clerk/Deputy City Clerk

Date