

City of Flowood, Mississippi
Public Records Request

Office of the City Clerk
Post Office Box 320069
2101 Airport Road
Flowood, Mississippi 39232-0069

Phone: (601) 939-4243
Fax: (601) 420-3334
jcarlisle@cityofflowood.com

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email: _____ Fax: _____

I request the following record(s) under the Mississippi Public Records Act of 1983, Miss. Code Ann § 25-61-1 *et seq.* regarding the following information. All requests must identify with reasonable particularity the specific record(s) sought and shall include only one subject matter.

I understand that I will be charged for the costs of this request, including, but not limited to, a \$10.00 fee for fire department run reports, copies at \$0.25 per page, \$30.00 per hour for research and review, if necessary, the cost of mailing the requested information, and all other costs associated with the request, including without limitation, \$5.00 per certification, redaction fees, and attorney's fees. Payment must be received by the City prior to the production of the requested public records.

Signature of Applicant: _____ Date: _____

Pursuant to Miss. Code Ann. § 25-61-1 *et seq.*, a response to your request will be provided within seven (7) working days after receipt of your written request.

TO BE COMPLETED BY THE CITY:

Date received: _____ Due date: _____

Amount due: _____ Comments: _____

Request granted () Yes () No Comments: _____

Other: _____