BRANDON
MISSISSIPPI

REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS

DATE OF REQUEST: _____

NAME OF PERSON REQUESTING: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

SUBJECT MATTER: _____

PUBLIC RECORDS SOUGHT TO BE INSPECTED OR COPIED:

_____

_____

MANNER OF COMPLIANCE:
☐ I wish to personally inspect the specified records
☐ I request that the specified records be copied by the City, at the rate of $ .50 per page.

MANNER OF DELIVERY DESIRED:
☐ By mail to address above
☐ In person at City Hall

I understand that the City of Brandon will grant my request only as to records specified as "Public Records" under the Mississippi Public Records Act. I further understand that the actual cost of compliance with my request, if granted, shall be borne by me, including mailing cost if applicable. I also understand that:
* - Any request shall be clear and concise and shall be directed toward only subject matter.
** - Actual costs of compliance with my request, if granted, shall be paid by me in advance of the receipt of any information, and shall include all costs reflective of the time to search, review, and duplicate such records.

SIGNATURE: _____

THIS REQUEST IS DIRECTED TO: CITY CLERK or
CITY OF BRANDON
P.O. BOX 1539
BRANDON, MS 39043

APPROVAL GRANTED BY: _____
CITY'S ESTIMATE OF COSTS: _____
CITY'S ESTIMATE OF DATE OF COMPLIANCE: _____
ACTUAL DATE OF COMPLIANCE: _____