



LONG BEACH POLICE DEPARTMENT
PO BOX 929
LONG BEACH, MS 39560
TELEPHONE: 228-863-1556
FAX: 228-865-7846

INSTRUCTIONS: print and complete form then mail along with a check or money order in the amount of \$5.00 per incident report (paper copy), to the above address. In lieu of mailing you may place the form and fee in an envelope marked for **Long Beach Police Department** and drop it in the Water Department's outdoor drop box located at Long Beach City Hall, 201 Jeff Davis Avenue, Long Beach.

REQUEST TO INSPECT, COPY, OR REPRODUCE PUBLIC RECORDS

(PLEASE PRINT) DATE: _____ TIME: _____ PHONE: _____

PERSON REQUESTING: _____ FAX: _____

EMAIL: _____

BUSINESS (IF APPLICABLE): _____

If Attorney/Insurance Co. Making Request, Clients Name: _____

ADDRESS: _____

SUBJECT MATTER & DATE: _____

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

<u>MANNER OF COMPLIANCE:</u>	<input type="checkbox"/> Personally Inspect	<u>MANNER OF DELIVERY:</u>	<input type="checkbox"/> By Mail to Address Above
	<input type="checkbox"/> Cause to Copied		<input type="checkbox"/> In Person at Police Dept
	<input type="checkbox"/> .pdf Scan		<input type="checkbox"/> E-Mail

For further information regarding this form and the City's public records policy, please see the following Code Section: Public Records, Section 25-61-1 et seq. of the Mississippi Code of 1972, as amended and City 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 the request is for information not readily attainable, nevertheless, the waiting period is not to exceed fourteen (14) days from the day of receipt of request.

Requests requiring research shall be billed at the rate of \$20.00 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 \$80.00 per hour. Requests involving computer time shall be billed at the rate of \$50.00 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

Continued on back...

DO NOT WRITE BELOW LINE

*** FOR OFFICE USE ONLY ***

DATE REQUEST RECEIVED: _____

BY: _____

(Name of Person Receiving Request)

REQUEST IS DIRECTED TO: _____

CHARGES:	Incident Report (paper copy)	_____	@	\$5.00 per	=	\$ _____
	Labor	_____ hrs.	@	\$ 8.00/hour	=	_____
	Research	_____ hrs.	@	\$20.00/hour	=	_____
	City Attorney	_____ hrs.	@	\$80.00/hour	=	_____
	Computer Time	_____ hrs	@	\$50.00/hour	=	_____
	Other _____				=	_____
	Mailing Costs				=	_____
	TOTAL CHARGES				=	\$ _____

RECEIPT # _____

AMOUNT PAID \$ _____

REQUEST APPROVED: _____
(Date)

REQUEST DENIED: _____
(Date)

If Denied, State Reason: _____

DATE OF COMPLIANCE: _____ BY: _____ DEPT: _____
(Signature)