



CITY OF LONG BEACH, MISSISSIPPI  
 201 JEFF DAVIS AVENUE  
 LONG BEACH, MS 39560  
 TELEPHONE: 228-863-1556  
 FAX: 228-865-0822  
 cityclerk@cityoflongbeachms.com



REQUEST TO INSPECT, COPY, OR REPRODUCE PUBLIC RECORDS

(PLEASE PRINT) DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 PERSON REQUESTING: \_\_\_\_\_ FAX: \_\_\_\_\_  
 BUSINESS (IF APPLICABLE): \_\_\_\_\_  
 IF ATTORNEY/INSURANCE CO. MAKING REQUEST, CLIENT'S NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

PHONE : \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 SUBJECT MATTER & DATE: \_\_\_\_\_

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

MANNER OF \_\_\_\_\_ Personally Inspect MANNER OF \_\_\_\_\_ By Mail to Address Above  
 COMPLIANCE: \_\_\_\_\_ Cause to Copied DELIVERY: \_\_\_\_\_ In Person at City Hall  
 \_\_\_\_\_ PDF Scan \_\_\_\_\_ E-Mail

For further information regarding this form and the City's public records policy, please see the following Code Section: Public Record, Section 25-61-1 et seq. of the Mississippi Code of 1972, as amended and City of 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 they request is for information not readily attainable, nevertheless, the waiting period is not to exceed seven (7) days from the day of receipt of request.

Requests requiring research shall be billed at the rate of \$20 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 per hour. Requests involving computer time shall be billed at the rate of \$50 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

\*\*\*FOR OFFICE USE ONLY\*\*\*

DATE REQUEST RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_  
 (Name of Person Receiving Request)

REQUEST DIRECT TO: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

CHARGES:	No. Copies	_____ @	\$0.25 each	=	\$ _____
	Labor	_____ @	\$8.00/hour	=	\$ _____
	Research	_____ @	\$20.00/hour	=	\$ _____
	City Attorney	_____ @	\$80.00/hour	=	\$ _____
	Computer Time	_____ @	\$50.00/hour	=	\$ _____
	Mailing Costs			=	\$ _____
	Records Maintenance Fee			=	\$ 1.00
	TOTAL CHARGES			=	\$ _____

RECEIPT # \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_

REQUEST APPROVED: \_\_\_\_\_ REQUEST DENIED \_\_\_\_\_  
 (Date) (Date)

City Clerk (and/or) Mayor (and/or) City Attorney

Denied, State Reason: \_\_\_\_\_

Date of Compliance: \_\_\_\_\_ By: \_\_\_\_\_ Dept: \_\_\_\_\_  
 (Signature)