

REQUEST TO EXAMINE AND/OR OBTAIN COPIES OF PUBLIC RECORDS

I hereby request access to the following public records of the City of Amory:

(Attach additional page if necessary.)

I do not desire copies, but only the right to examine these records, and I agree to pay in advance the sum of \$16.00 per hour with a minimum of \$2.00 for the necessary search of records by City personnel;

OR:

I request that the City mechanically reproduce copies of the requested records, and I agree to pay in advance for this service the sum of \$16.00 per hour with a minimum of \$2.00 for the necessary search of records by City personnel, the sum of \$.15 for each page mechanically reproduced by the City, and the additional sum of \$.50, plus postage, for any mailing of copies.

OR:

I request that the City mechanically reproduce copies of the requested records, and I agree to pay in advance for this service the sum of \$16.00 per hour with a minimum of \$2.00 for the necessary search of records by City personnel, the sum of \$1.00 for faxed or scanned documents, where copies already exist.

OR:

I request the City electronically send copies of the records, and I agree to pay in advance for this service the sum of \$16.00 per hour with a minimum of \$2.00 for the necessary search of records by City personnel, and No Charge for transmitting.

I request a listing by ward of registered voters. I understand the cost for producing this listing for me is \$15.00.

I request a listing of all registered voters. I understand the cost for producing this listing for me is \$25.00.

I request a copy of a local complaint/incident or accident report, as listed above. I understand the cost for producing this listing for me is \$5.00.

I request a copy of a State accident report. I understand the cost for producing this listing for me is \$15.00.

I understand that if my request for access to or copies of the above records is denied because of statutory restrictions, I will be so advised in writing with a statement of the specific reasons for denial.

This the _____ day of _____, 20__.

Signature of Requestor

Mailing address: _____

Phone Number _____ email address _____ -

Fax Number _____