

# City of Richland

P.O. Box 180609, Richland, MS 39218

601-932-3000

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## **PUBLIC RECORDS REQUEST**

(Print)

DATE OF REQUEST: \_\_\_\_\_

NAME OF PERSON REQUESTING: \_\_\_\_\_

COMPANY NAME, if applicable: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DESCRIPTION OF RECORDS REQUESTED (One subject matter per request):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF PERSON REQUESTING RECORDS: \_\_\_\_\_

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### **FOR OFFICE USE ONLY**

#### **MANNER OF COMPLIANCE:**

*Personally Inspect ONLY*

*Provide Copies*

*Provide Cost Estimate*

#### **MANNER OF DELIVERY:**

*United States Mail*

*Pick Up In Person*

*E-Mail*

#### **REQUEST FOR PUBLIC RECORDS COMPLIED WITH BY:**

*Records Delivery*

*Production Denied With Reason*

*Estimate of Costs Sent*

*Amount of Costs Collected:*

\$ \_\_\_\_\_

*By:* \_\_\_\_\_

*Date:* \_\_\_\_\_