CITY OF LONG BEACH, MISSISSIPPI
201 JEFF DAVIS AVENUE
PO BOX 929
LONG BEACH, MS 39560
TELEPHONE: 228-863-1556
FAX: 228-863-1558
cityclerk@cityoflongbeachms.com

REQUEST TO INSPECT, COPY, OR REPRODUCE PUBLIC RECORDS

PLEASE PRINT DATE:_____ TIME: _____ PHONE:_____
PERSON REQUESTING:_____
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)

MANNER OF COMPLIANCE: ___Personally Inspect ___Cause to be Copied ___.pdf Scan

MANNER OF DELIVERY: ___By mail to Address Above ___In Person at City Hall ___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

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

DATE REQUEST RECEIVED:_____ **BY:**_____
(NAME OF PERSON RECEIVING REQUEST

REQUEST IS DIRECTED TO:_____ **DEPARTMENT**_____

CHARGES:						
NO Copies	_____		**@**	**$ .25 each**	=	**$**_____
Labor	_____	**hrs.**	**@**	**$8.00/hour**	=	_____
Research	_____	**hrs.**	**@**	**$20.00/hour**	=	_____
City attorney	_____	**hrs.**	**@**	**$80.00/hour**	=	_____
Computer time	_____	**hrs.**	**@**	**$50.00/hour**	=	_____
Mailing costs					=	_____
TOTAL CHARGES					=	**$**_____

RECEIPT #_____ **AMOUNT PAID** **$**_____

REQUEST APPROVED:_____ **REQUEST DENIED:**_____
(Date) **(DATE)**

BY:_____
City Clerk (and/or) Mayor (and/or) City Attorney

If Denied, State Reason:_____
_____
_____

DATE OF COMPLIANCE:_____ **BY:**_____**DEPT:**_____
(signature)