

## **City of Pearl**

## **Public Records Request Form**

Date Completed:	
Completed by:	
Receipt #:	
Payment Method:	
Amount Paid:	

**Mayor-Council Form of Government** 

Request Date:	:		Dat	e Signed Request I	Received by City Clerk: _			
All records requests are to be directed to:  City Clerk  Mailing Address: Physical Address:			:	Requesting records from the following departments: (Check all that apply.)  □ City Council □ Information Tech / GIS □ Police Department				
P. O. Box 5948 2420 Old Brandon Pearl, MS 39208 Pearl MS 39208 Email: RecordsRequest@cityofpearl.com			Finance / Purchasing Fire Department Human Resources	☐ Leisure Services ☐ Mayor / City Clerk ☐ Municipal Court	Public Works Urban Development Utility Billing			
Person/Busine	ess making reque	st:						
Address:								
Telephone Nu	ımber:							
Email Address	s:							
	All requests n	nust he clear an	d concise & sha	ll he directed toward only	y one subject matter per request	1		
Record(s) Req		Tast Se orear an	a concise a sna	, be uncered toward only	one subject matter per request			
For Court/Police Records   Subject's Date of Birth:			1:	Subject's SSN: Police/Court Case #				
Manner of Compliance								
□ F	Personally inspect only							
	Electronic Copies to be provided							
□ F	Physical copies to be provided							
			Man	ner of Delivery				
	By mail to the add	ress listed a	bove					
	Email							
	n person at the of	fice of the r	equest that	has been submitte	ed			
Fee Schedule								
	·					410.00		
5			\$.25	GIS Map (11" x 17")		\$10.00		
Postage (per stamp			\$17.50	GIS Map (36" x 48" / 24" x 36")  Data burned onto DVD		\$15.00 \$15.00 per DVD		
Actual cost of compliance of request, if granted, shall be paid in advance of receipt of information. Please note research and production time will be based upon								
the hourly rate of the lowest qualified respondent to your request. Payments can be made payable by check, money order, credit/debit cards or cash.  I am aware of the fact that requests for public records are governed by the Mississippi Public Records Act of								
1983 and the City's Public Records Policy, and I further understand that the actual cost of compliance with my								
request, if granted, shall be borne by me, including mailing costs, if applicable.								
YOUR SIGNATURE IS REQUIRED, AS THIS SERVES AS YOUR ACKNOWLEDGEMENT AND AGREEMENT TO ALL OF THE								
TERMS AND CONDITIONS NOTED ABOVE. YOUR REQUEST CANNOT BE PROCESSED WITHOUT A SIGNATURE.								
Signature of requesting party:								