

City of Richland

P.O. Box 180609
Richland, MS 39218

601-932-3000
601-939-5284 fax

PUBLIC RECORDS REQUEST
(Print)

DATE OF REQUEST: _____

NAME OF PERSON REQUESTING: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

FAX: _____

E-MAIL ADDRESS: _____

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

SIGNATURE OF PERSON REQUESTING RECORDS: _____

FOR OFFICE USE ONLY

MANNER OF COMPLIANCE:

Personally Inspect

Provide Copies

Provide Cost Estimate

TO BE DELIVERED BY MEANS OF:

United States Mail

Pick Up In Person

Fax

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: _____