



City of Jackson
 Office of the City Clerk
 P O Box 17 • Jackson, Mississippi 39205-0017
 (601) 960-1035 • (601) 960-1032 (fax)



REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS

(Please Print or Type)

Today's Date: 04/26/06 Phone: 601-405-4590

Person Requesting: Brian Johnson Fax: 601-510-9019

Address: P. O. Box 2047, Jackson, MS 39225

Name of Business (if Applicable): Jackson Free Press

If Attorney/Insurance Co. Making Request, Client's Name: _____

Subject Matter: The position and salary of Bob Hickingbottom.

(Any request shall be clear and concise and shall be directed toward only one subject matter)

MANNER OF COMPLIANCE Personally Inspect
 Personally Copy
 Photocopy of Document

MANNER OF DELIVERY By Mail to Address Above
 To Pick Up In Person
 Fax if Possible

For further information regarding this form and the City's Public Records Policy, please see the following Code Chapter 2, Article 1 Section 2-5, Code of Ordinances, City of Jackson, MS and Section 25-6-1-7 of the Mississippi Annotated Code. A copy of these Code Sections is available for review upon request. I understand that there may be a charge for this information including, but not limited to: .50 per photocopy and the actual cost of searching, reviewing, and if applicable, mailing copies and \$1.00 for each certification thereof, if required.

A RESPONSE TO YOUR REQUEST WILL BE PROVIDED WITHIN FOURTEEN (14) WORKING DAYS OF YOUR WRITTEN REQUEST.

Signature of Person Requesting Records _____

DO NOT WRITE BELOW

REQUEST IS DIRECTED TO:

City Clerk/City Hall

ESTIMATE OF COST:

Copies	@ \$.50 each	_____
Certification	@ \$ 1.00	_____
Research	@ \$ _____	_____
Computer Time	@ \$ _____	_____
Other Cost	@ \$ _____	_____
Total Estimate	_____	_____
Receipt #	_____	_____
Amount Paid	_____	_____

ATTENTION
PATRICIA A. GILBERT
601-960-1135

Pursuant to City policy and Mississippi law, a public record must be produced or a denial of production must be given within 14 days of the date of request. To ensure a timely response to the public record request, the Department Contact Person should make certain that the requested record is retrieved from the Department files and forwarded to the Clerk's Office or the Legal Department within three (3) working days after the Department Contact Person receives the request.

Date Received By Legal: _____ Reviewed By / Legal Staff: _____

LEGAL SECTION

Approved Denied (exempted from the Freedom of Information Act) Date Completed: _____

DEPARTMENT SECTION

Request Approved Request Denied

Date of Compliance: _____ Department Contact Person: _____ Date Completed: _____

Clerk's Office

Rec'd By: _____ Date: _____
 City Clerk/Deputy Clerk

Notes: _____