



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

*Marlon Walker*



**REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS**

(Please Print or Type)

Today's Date: 2-15-08 Phone: 601-362-6121 ext. 8  
 Person Requesting: Adam Lynn Fax: \_\_\_\_\_  
 Address: Old Canton Rd., Jackson, MS

Name of Business (If Applicable): Jackson Free Press

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

Subject Matter: info request regarding indst. (see attached items)

(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 9, Article 1 Section 2-5, Code of Ordinances, City of Jackson, MS and Section 25-61-7 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:

**ATTENTION**  
**PATRICIA A. GILBERT**  
**601-960-1135**

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

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: \_\_\_\_\_ **LEGAL SECTION**  
 Reviewed By / Legal Staff: \_\_\_\_\_  
 Approved  Denied (exempted from the Freedom of Information Act) Date Completed: \_\_\_\_\_

Request Approved  Request Denied **DEPARTMENT SECTION**  
 Date of Compliance: \_\_\_\_\_ Department Contact Person: \_\_\_\_\_  
 Date Completed: \_\_\_\_\_