



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: 01/05/06 Phone: 601-405-4590

Person Requesting: Brian Johnson Fax: _____

Address: PO Box 2047, Jackson MS
39225

Name of Business (if Applicable): Jackson Free Press

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

Subject Matter: Dale Danks' contract of
employment, City of Jackson

(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 95-01-7 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, making 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]
Signature of Person Requesting Records

DO NOT WRITE BELOW

REQUEST IS DIRECTED TO: _____
ESTIMATE OF COST: _____

City Clerk/City Hall

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.

LEGAL SECTION

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

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:
Due 1/26/06

Rec'd By Patricia A. Gilbert - Clerk's Office
City Clerk/Deputy Clerk

1/5/06
Date: