



# 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: 12/05/05 Phone: 601-405-9590

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

Address: [REDACTED]

Name of Business (if Applicable): Jackson Free Press

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

Subject Matter: All releasable data on city employees, including name, title, department, salary, date of employment, gender, ethnicity, date of birth.  
(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 25-01-7 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

<b>ATTENTION</b> <b>PATRICIA A. GILBERT</b> <b>601-960-1135</b>	<b>REQUEST IS DIRECTED TO:</b>	City Clerk/City Hall	_____
	<b>ESTIMATE OF COST:</b>	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.

**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: \_\_\_\_\_

Rec'd By: [Signature] City Clerk/Deputy Clerk  
Date: 12/5/05