OFFICE USE ONLY:
Approved_____
Denied_____
Date Notified_____
Cost_____

CITY OF PICAYUNE

REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS

DATE _____

PERSON REQUESTING _____

ADDRESS _____

_____

TELEPHONE _____

SUBJECT MATTER* _____

_____

MANNER OF COMPLIANCE** ( ) Personally Inspect
( ) Personally Copy
( ) Cause to be Copied

MANNER OF DELIVERY DESIRED ( ) By mail to the address above
( ) In person at office

I have read and understand the published statements entitled "Policy and Procedure - Mississippi Public Records Act of 198311 and I further understand that the actual cost of compliance with my request, if granted shall be borne by me, including mailing cost or other fees **if applicable**. I also understand that:

* Any request shall be clear and concise and shall be directed toward only one subject matter.
** Actual costs of compliance with my request, if granted, shall be paid by me in advance of the receipt of any information.
*** Allow 1-14 days to process your request.

THIS REQUEST IS DIRECTED TO:

Zoning & Code Enforcement
City of Picayune
815 N. Beech St.
Picayune, MS 39466
Fax: 601-799-0607