



City of Picayune MISSISSIPPI

Date Received _____
 Approved _____
 Denied _____
 Date Notified _____
 Cost _____

**CITY OF PICAYUNE
 REQUEST TO INSPECT, COPY, OR REPRODUCE PUBLIC RECORDS**

DATE _____

PERSON REQUESTING _____

TELEPHONE _____

SUBJECT MATTER* _____

MANNER OF COMPLIANCE**

() Personally Inspected
 () Personally Copied
 () Cause to be Copied

MANNER OF DELIVERY DESIRED

() By mail to the address above
 () In person at office
 () Email, if available

I have read and understand the published statements entitled Mississippi Public Records Act of 1983. I further understand that the actual cost of compliance with my request, if granted, shall be born 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 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 1-7 days to process your request.

**THIS REQUEST IS DIRECTED TO: City of Picayune
 Office of the City Clerk
 203 Goodyear Blvd.
 Picayune, MS 39466**