CITY OF PASS CHRISTIAN
REQUEST TO INSPECT OR RECEIVE COPIES OF PUBLIC RECORDS

1. Application
   1. Applicant's name and address (please print):

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

2. Date:____________________________________

3. Telephone Number (if you would like to be called before fees are assessed; optional):

   ____________________________________________

4. Describe or identify the records that you want to inspect or copy:

   ____________________________________________
   ____________________________________________
   ____________________________________________

5. City of Pass Christian may charge a copy fee of .25 per page. There may also be a fee of $7 an hour for retrieval and review of the records requested if the retrieval and review take more than two hours.

   A) I am willing to pay all fees for this request without prior notification.
   B) _____ I am willing to pay fees for this request up to a maximum of $__________.
      If you estimate that the fees will exceed this limit, please contact me.
   C) _____ I am requesting that fees be waived of fees requested. I am requesting this waiver on the following grounds:

   ____________________________________________
   ____________________________________________
   ____________________________________________

6. A “person in interest” is a person who is subject of the record, that person’s designee, or that person’s parent or legal representative if the person has a disability. Under law, certain records that would not otherwise be available may be available to a “person in interest.” At your option, you may indicate if you are a “person in interest.”

   Are you a “person in interest?” _____ YES _____ NO
   Please explain:

   ____________________________________________
   ____________________________________________
   ____________________________________________

7. Signature of Requestor:

   ____________________________________________

CONTINUED ON REVERSE SIDE OF PAGE
II. Notice of Action (To be completed by City of Pass Christian)

____ You may inspect the records you requested at the following address during the listed hours:

________________________________________________________________________________________________________________________________________________________

____ Copies of the records you requested are enclosed. Please remit fee if applicable. See below.

We do not have enough information to process your request. Please provide the following information:

________________________________________________________________________________________________________________________________________________________

___________________________

____ We cannot grant your request for public records. The records are protected from disclosure under the Public Information Act pursuant as follows:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

___________________________

____ Please see attached letter.

Fees:
Make check payable to City of Pass Christian, MS and send it to the officer or department that processed this request.

Date received: ________________________________

Received by (employee): ________________________________

Action taken by District in obtaining information:
________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Date Information Released: __________________

Employee releasing info: ________________________________

Fee Received: $ __________