

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

I. 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 : _____

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:\$ _____