

PUBLIC RECORDS REQUEST (VIDEO FOOTAGE REQUEST ONLY)

Information will be provided within 7 working days of request. Payment is due upon request for information. Please be as specific as possible to expedite your request.

Turn all requests in to the City Clerk's office in City Hall.

Date of Request:		
Name of Person Requesting Records:		
Phone Number:	E-mail Address:	
Permanent Address:		
(City)	(State)	(Zip Code)
Date of Incident:	Approximate Time of Incident:	
Location of Incident:		
Other Information to help us Accommodate yo	our Request:	
that do not have cameras. I understand that not Mississippi state law. Printed Name of Person Requesting Records	t all requests can be fulfilled due to Signature of Person F	
OFFICE USE:		
□ REQUEST FULFILLED-	CD(s) x \$1.00 /CD Total	= =
☐ REQUEST DENIED- The inform ☐ REQUEST DENIED- Your reque per state law. This exemption is	st has been denied based on an	exemption allowed
City Clerk/Deputy Clerk:	Date	