



THE CITY OF  
**OXFORD**

**PUBLIC RECORDS REQUEST**

**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)

Department with Custody of Records: \_\_\_\_\_

Description of Records: \_\_\_\_\_

Date of Records: \_\_\_\_\_

Other Information to help us Accommodate your Request: \_\_\_\_\_

\_\_\_\_\_

I agree to pay the actual cost of searching, reviewing, duplicating and/or mailing the requested public records. I understand that the actual cost per hour will be the higher of \$7.25/hour or the hourly rate of the lowest paid person qualified to fulfill the request. I understand that all copies will be \$0.15 per page. I understand that not all requests can be fulfilled due to exemptions as per Mississippi state law.

\_\_\_\_\_  
Printed Name of Person Requesting Records

\_\_\_\_\_  
Signature of Person Requesting Records

**OFFICE USE:**

**REQUEST FULFILLED** \_\_\_\_\_ Hour(s) x \_\_\_\_\_ /Hour = \_\_\_\_\_  
\_\_\_\_\_ Copies x \$0.15 /Page = \_\_\_\_\_  
Total = \_\_\_\_\_

**REQUEST DENIED- The information you requested does not exist.**  
 **REQUEST DENIED- Your request has been denied based on an exemption allowed per state law. This exemption is** \_\_\_\_\_  
\_\_\_\_\_.

City Clerk/Deputy Clerk: \_\_\_\_\_ Date \_\_\_\_\_