

TOWN OF COMO
P. O. BOX 118
COMO, MS 38619

REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS

PLEASE PRINT OR TYPE

TODAYS DATE: _____ PHONE: _____

PERSON REQUESTING: _____

ADDRESS: _____

NAME OF BUSINESS (IF APPLICABLE) _____

IF ATTORNEY/INSURANCE CO, CLIENTS NAME: _____

SUBJECT MATTER: _____

ANY REQUEST SHALL BE CLEAR, CONCISE AND SHALL DEAL WITH ONLY ONE SUBJECT MATTER.

MANNER OF COMPLIANCE: PERSONNALLY INSPECT
 PHOTOCOPY OF DOCUMENT

I UNDERSTAND THAT THE ACTUAL COST OF COMPLIANCE WITH MY REQUEST, IF GRANTED, SHALL BE BORNE BY ME, INCLUDING EXPENSE COST IF APPLICABLE. ACTUAL COST OF COMPLIANCE WITH MY REQUEST SHALL BE PAID BY ME IN ADVANCE OF THE RECEIPT OF ANY INFORMATION. (MCA 25-61-7).

SIGNATURE OF PERSON MAKING REQUEST

DO NOT WRITE BELOW THIS LINE
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REQUEST APPROVED/DENIED

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(MUNICIPAL CLERK)

MANNER OF DELIVERY: BY MAIL/DELIVERY TO ADDRESS ABOVE
 PICKED UP IN PERSON
 FAX

DATE OF COMPLIANCE: _____

RECEIPT# _____

AMOUNT PAID _____