

EXHIBIT “A”

CITY OF LELAND, MISSISSIPPI

PUBLIC RECORDS REQUEST FORM

Mississippi Public Records Act of 1983

Date: _____ Request No.: _____

Name of Requester:

Address: _____

Telephone: _____

Email: _____

INFORMATION REQUESTED

(Please be as specific as possible. Include dates, departments, names, addresses, incident numbers, or subject matter if known.)

Description of records requested:

REQUEST TYPE

- ☐ TO PERSONALLY INSPECT THE RECORDS
- ☐ TO OBTAIN PAPER COPIES
- ☐ TO OBTAIN ELECTRONIC COPIES
- ☐ TO HAVE COPIES MAILED TO THE ABOVE ADDRESS

REQUESTER'S ACKNOWLEDGMENT

I have read and understand the City of Leland's Public Records Procedures Ordinance. I understand that the costs of searching, reviewing, redacting, duplicating, electronically reproducing, and mailing public records shall be borne by me. I understand that records containing exempt, privileged, confidential, or protected information may require legal review and redaction and that I may be charged the actual cost incurred by the City for such review and redaction.

I understand that all estimated fees must be paid in full and in advance before the City will begin processing my request. No search, review, redaction, duplication, electronic production, or other work will be performed until all estimated fees have been paid.

I understand that if the actual cost exceeds the estimate, any additional amount due must be paid before records are released. If the actual cost is less than the amount paid, the City will refund the difference.

Printed Name: _____

Requester Signature: _____

Date: _____

FEE SCHEDULE

Service	Fee
Letter Size Copies	\$0.25 per page
Legal Size Copies	\$0.25 per page
Oversized Documents	Actual Cost
Computer Printouts	\$0.50 per page plus setup time
Search, Review, Copying, Scanning & Production	\$20.00 per hour, or portion thereof, for Deputy Clerks and/or the Mayor's Secretary; and \$30.00 per hour, or portion thereof, for the City Clerk or applicable Department Head
Attorney Review & Legal Redaction	Actual Cost
Engineering Review	Actual Cost
Electronic Records & Technical Assistance	Actual Cost
Postage & Mailing	Actual Cost

FOR CITY USE ONLY

Estimated Cost: \$_____

Amount Paid: \$_____

Date Paid: _____

☐ APPROVED

☐ PARTIALLY APPROVED

☐ DENIED

Reason for Denial (if applicable):

Date Records Produced: _____

City Clerk / Deputy Clerk Signature: _____

Date: _____
