

TOWN OF TUNICA

PO BOX 395 TUNICA, MS 38676



REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS

PLEASE PRINT OR TYPE

Date: _____

Person Requesting: _____

Mailing Address: _____

Name of Business (if applicable): _____

Phone: _____

If request is made by an Attorney or Insurance Company, please list:

Clients name: _____

Any request shall be clear, concise and shall deal with only one subject matter.

Manner of Compliance: Personally Inspect
 Personally Copy
 Photocopy of Document

Manner of Delivery By Mail to Address Above
 To Pick Up in Person
 Email or fax if Possible

I UNDERSTAND THAT THE ACTUAL COST OF COMPLIANCE WITH MY REQUEST, IF GRANTED, SHALL BE BORNE BY ME, INCLUDING MAILING COST IF APPLICABLE. ACTUAL COST OF COMPLIANCE WITH MY REQUEST SHALL BE PAID BY ME IN ADVANCE OF THE RECEIPT OF ANY INFORMATION.

SIGNATURE OF PERSON MAKING REQUEST

Request is directed to: Town Clerk

Fee(s) must be paid and received prior to preparation and transmission of requested records.

Estimate of Cost: _____ Copies @ \$.50 Each _____ ****No fee if records are transmitted via email.**

Research	@ \$ 5.00 Each	_____
Computer Time	@ \$ 50.00 Hour	_____
Postage		_____
Other Cost		_____
Total Estimate		_____

Receipt # _____ Amount Paid _____

Request Approved / Denied: _____

Signature: _____
(Municipal Clerk)

Date of Compliance: _____