

**CITY OF OLIVE BRANCH
PUBLIC RECORDS REQUEST**

NAME: _____

DATE: _____

TELEPHONE NO: _____

TIME: _____

EMAIL: _____

Type of RECORD Requested: (BE SPECIFIC) – ONLY 1 Subject Matter per Request

Address/Parcel No. of SUBJECT PROPERTY: _____

Personnel assistance in processing requests shall be charged starting at a rate of \$20.00 per hour or portion thereof, with a minimum charge of \$20.00. Payment collected prior to providing request.

Send this information to me by: EMAIL _____, FAX # _____ or
HARD COPY _____

Black/White Copies - \$0.25 per side &
Color Copies - \$0.50 per side

SIGNATURE: _____

Submit Request: cityclerk@obms.us

fax: 662-892-9223

USPS: 9200 Pigeon Roost Rd.
Olive Branch, MS 38654

FOR OFFICIAL USE ONLY

Subject Departments: CodEnf / Court / Fire / HR / PLAN / PD / Util / Other _____

REQUEST DENIED: _____

ESTIMATED Cost:

ADMINISTRATIVE TIME: _____ @ _____ = _____

REPRODUCTION COST: _____ @ _____ = _____

TOTAL ESTIMATED COST: _____

ACTUAL Cost:

ADMINISTRATIVE TIME: _____ @ _____ = _____

REPRODUCTION COST: _____ @ _____ = _____

TOTAL ACTUAL COST: _____

AMOUNT DUE

Fee Rec'd By: _____ RECEIPT NO. _____

Clerk

DATE OF RESPONSE: _____ BY: _____

Departmental Signature