

Public Records Request

Requestor Name _____ Date Submitted _____

Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ Fax (_____) _____

Records Requested [Please provide a clear, concise description with dates, if applicable. Attach a separate page if needed.]

Cost: \$1.00 per page + \$10.00 per hour

I would like to be notified when cost exceeds: \$15.00 \$20.00 \$25.00 \$40.00

Submit in either on this form or letterhead to: Town of Walls P.O. Box 35 Walls, MS. 3863

*****The area below is for Town of Walls use only*****

Town of Walls' Response

Request Received By _____ Date _____

Title _____

(If information does not exist, the Town of Walls is not required to produce.)

Cost: \$ _____ Fee Collected By: _____