

REQUEST FOR COUNTY RECORDS

DATE: _____

AGENCY OR PERSON MAKING REQUEST: _____

ADDRESS & TELEPHONE # _____

RECORDS REQUESTED: _____

DEPARTMENT REQUESTED FROM: _____

CHARGE FOR REQUEST: _____

DATE REQUEST COMPLETED: _____

(All requests will be filled within seven (7) working days)

SIGNATURE OF COUNTY OFFICIAL COMPLETING THIS REQUEST

PLEASE RETURN TO: Lauderdale County Board of Supervisors
 410 Constitution Ave., 11th Floor
 Meridian, MS 39301
 Fax: (601) 482-9744

NOTICE: The County does not provide research services. If the records requested will require an extensive amount of time to gather, you will be billed the actual wages rate of the person gathering the material. The following schedule applies:

Copy Machine Copies - \$.25 per page
Cost of Mailing or Packaging (actual cost)
DVD of Board meetings- \$25.00 per disk
Computer generated reports not requiring programming - \$10.00 minimum
All other computer reports requiring programming \$65.00 per hour