



City of Byram

Office of the City Clerk
P.O. Box 720222 ~ Byram, MS 39272
Phone: (601) 372-7746 ~ Fax: (601) 373-1470
<http://www.byram-ms.us>

email to: celabor@byram-ms.us

REQUEST TO INSPECT AND/OR RECEIVE PUBLIC RECORDS

(Please Print or Type)

Today's Date: _____

Phone: _____

Person Requesting Records: _____

Fax: _____

Mailing Address: _____

City, ST Zip: _____

If Attorney/Insurance Co. Making Request; Client's Name: _____

Subject Matter: _____

(Any request shall be clear and concise and shall be directed toward only one subject matter. Requests for police records should include the assigned police case number.)

MANNER OF COMPLIANCE

Personally Inspect Provide Copies Provide Cost Estimate if it Exceeds \$25.00

MANNER OF DELIVERY DESIRED

By Mail to the Address Above To Pick Up in Person Fax (if possible)

Email: _____ (if possible)

Name of Person to Pick Up File _____

For further information regarding this form and the City's Public Records Policy, including fees, please visit the City of Byram Website. A printed copy of the aforementioned policy is available in the Office of the City Clerk for inspection.

A RESPONSE TO YOUR REQUEST WILL BE PROVIDED WITHIN SEVEN (7) WORKING DAYS OF YOUR WRITTEN REQUEST

SIGNATURE OF PERSON REQUESTING RECORDS

DATE OF REQUEST

FOR OFFICE USE

DEPARTMENT SECTION

Date Rec'd: _____

Department Contact Person: _____

Date Completed: _____

CITY CLERK SECTION

Received By: _____

Date: _____

Due Date: _____

City Clerk/Deputy Clerk