



TOWN OF MARION
P O BOX 310
MARION, MS 39342

REQUEST FOR 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 TOWN OFFICIAL COMPLETING THIS REQUEST

PLEASE RETURN TO: Town of Marion
P O Box 310
Marion, MS 39342
Fax: (601) 482-4827
Email: mariontownhall@ymail.com

NOTICE: The Town 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 - \$.15 per page
- Cost of Mailing or Packaging (actual cost)
- DVD of Board meetings - Actual cost of production
- Computer generated reports not requiring programming - \$10.00 minimum
- All other computer reports requiring programming- \$65.00 per hour