

REQUEST FOR COUNTY RECORDS

DATE: _____

AGENCY OR PERSON MAKING REQUEST: _____

TELEPHONE# _____

EMAIL: _____

RECORDS REQUESTED: _____

DEPARTMENT REQUESTED FROM: _____

PLEASE RETURN TO:

Lauderdale County Board of Supervisors
2600 Courthouse Boulevard
Meridian, MS 39301
Email: records@lauderdalecounty.org

NOTICE: The County does not provide research services. If the records requested 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

Flash Drive (actual cost)

Cost of Mailing or Packaging (actual cost)

Computer generated reports not requiring programming- \$10.00 minimum

All other computer reports requiring programming- \$65.00 per hour

COUNTY USE ONLY

CHARGE FOR REQUEST: _____

DATE REQUEST COMPLETED: _____

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

SIGNATURE OF COUNTY OFFICIAL COMPLETING THIS REQUEST