

# City of Gluckstadt

Mailing Address: P.O. Box 2210  
Madison, MS 39130  
Business Telephone: (769) 567-2306  
Business Fax: (769) 567-2305  
Email: records@gluckstadt.net

## PUBLIC RECORDS REQUEST & INSPECTION FORM

(Please Print or Type)

Today's Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
Person Requesting Records: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
If Attorney/Insurance Co. Making Request; Client's Name: \_\_\_\_\_  
Subject Matter: \_\_\_\_\_

(Records requested shall be for an identifiable document; the request should be clear and concise and shall be directed toward only one subject matter. Requests for court and/or police records shall include the assigned 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 additional information regarding this form and the City's Public Records Policy, including fees, please visit the City of Gluckstadt's website at [www.gluckstadt.net](http://www.gluckstadt.net). A printed copy of the aforementioned policy is also available in the Office of the City Clerk for inspection during regular business hours.

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