

WALTHALL COUNTY SCHOOL DISTRICT

PUBLIC RECORDS ACCESS REQUEST FORM

814 Morse Ave. • Tylertown, MS 39667 • (601) 876-3401

SUBMISSION REQUIREMENT: This form must be submitted as a written hard copy by personal delivery to the Superintendent's Office between 9:00 a.m. and 3:00 p.m. on a working day, or by United States Mail or a recognized commercial delivery service addressed to the Superintendent of Schools at the address above. Electronic or oral submissions, including email, fax, telephone, voicemail, text message, social-media message, website/online form, or other electronic means, will not be accepted or processed as a public records request and do not begin any response period.

Name of Requesting Party: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

NATURE, LOCATION, AND DESCRIPTION OF RECORD(S) SOUGHT

Describe the requested records with sufficient specificity to enable district officials to locate them. Requests lacking sufficient clarity or that are otherwise unduly burdensome may be returned for clarification or correction.

TYPE OF ACCESS REQUESTED

Inspection: ☐ Yes ☐ No Duplication/Copies: ☐ Yes ☐ No

Electronic Delivery: ☐ Yes ☐ No If Yes, Email Address _____

FEES AND ADVANCE PAYMENT

- Photocopying: \$0.30 per page, with a minimum charge of \$1.00 per search.
- Searching/Reviewing: Actual staff or contractual service costs, charged at the pay scale of the lowest-level employee or contractor competent to respond.
- Postage: Actual cost for records mailed.
- Requests requiring considerable personnel assistance for searching and reviewing are subject to a minimum \$25.00 deposit. Any unused balance will be refunded.

I agree to be financially responsible for all charges assessed by the district as actual costs incurred in searching, reviewing, duplicating, and/or mailing the public records described above. I understand that applicable charges must be paid in advance before the district complies with the request.

Signature of Requesting Party: _____ Date: _____

DISTRICT RESPONSE: After records are located and made available for inspection and/or duplication, the requesting party will be notified of a time, place, and date, not later than seven (7) days from the district's receipt of a valid request, for inspection and/or duplication. Exempt or privileged records will not be disclosed. Any denial of access will be provided in writing with the reason(s) for denial.

FOR OFFICE USE ONLY

Date Received: _____

Received By: _____

Estimated Fees: \$ _____

Date Records Available/Response: _____

Time Received: _____

Method: ☐ Personal Delivery ☐ Mail/Delivery

Deposit/Advance Paid: \$ _____

☐ Granted ☐ Partially Granted ☐ Denied

If denied or partially denied, written reason/response reference: _____