

NINA SHAW  
Beat One

# Stone County School District

RODNEY BEECH  
Beat Four

DIANE JOHNSON  
Beat Two

**Inita Owen, Superintendent**  
214 Critz Street, Wiggins MS 39577

DORIS  
MATTHEWS  
Beat Five

JACOB SMITH  
Beat Three

Telephone: 601-928-7247 Fax: 601-928-5122

## REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Person Requesting \_\_\_\_\_

Fax: \_\_\_\_\_

Business (if applicable): \_\_\_\_\_

If Attorney/Insurance company making request

Client's Name: \_\_\_\_\_

Address: \_\_\_\_\_

SUBJECT MATTER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Any request shall be clear, concise and directed toward only one subject matter)

MATTER  
OF COMPLIANCE

\_\_\_\_\_ Personally Inspect  
\_\_\_\_\_ Photocopy of Document

MANNER  
OF DELIVERY

\_\_\_\_\_ By mail to address above  
\_\_\_\_\_ In person at your office

I understand that the actual cost of compliance with my request shall be borne by me, including mailing cost, if applicable. Actual cost of compliance with my request, if granted, shall be paid by me in advance of the receipt of any information.

\_\_\_\_\_  
SIGNATURE OF PERSON REQUESTING RECORDS

### DO NOT WRITE BELOW

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ESTIMATE OF COST = \_\_\_\_\_

TOTAL ESTIMATE = \_\_\_\_\_

AMOUNT PAID = \_\_\_\_\_

RECEIPT # \_\_\_\_\_

Date of Compliance \_\_\_\_\_

Department: \_\_\_\_\_