REQUEST FOR COUNTY RECORDS

Date:03/07/2024	
Agency or Person Making Request:	Blake Feldman
	News, DEPT MR155603, 263 Huntington Ave, Boston, MA 02115
Records Requested:Please see next	page for full request.
Date Request Completed: (<i>Requests</i> Charge for Request:	v
Form of Payment:	
Cash:	
Check:	Check Number:
Credit Card Number	:
Card	Holder Name:
	ation Date: Security Code:
Billing	g Address:
Department Requested From: <u>Wins</u>	ton County Chancery Clerk
SIGNATURE OF COUNTY OFFI	CIAL COMPLETING THIS REQUEST
Please Return To:	Winston County Chancery Clerk 115 South Court Avenue Louisville, MS 39339 FAX: (662) 773-8814

Notice: The County does not provide research services. If the records requested will require an extensive amount of time to gather, you will be billed the actual wage rate of the person gathering the material. Payment required upfront. The following schedule applies:

> Copy Machine Copies - \$.50 per page Cost of Mailing or Packing (actual cost) Email Requests - \$10 processing fee USB Drive - \$25.00 and up Computer Generated Reports not requiring programming - \$10.00 minimum All other computer reports requiring programming - \$65.00 per hour

To Whom It May Concern:

Pursuant to the Mississippi Public Records Act, I hereby request the following records:

All policies, practices, procedures, rules, or orders concerning the use of force.

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 7 business days, as the statute requires.

Sincerely,

Blake Feldman