CITY OF OLIVE BRANCH PUBLIC RECORDS REQUEST

NAME: Blake Feldman			DATE:	
TELEPHONE NO: 617-299-1832			TIME: 7:00 AM	
EMAIL: 156244-69071712@requests.mu	ckrock.com			
Type of RECORD Requested: (BE S	SPECIFIC) – ONI	LY 1 Subject N	Matter per Request	
Please see next page for full request.				
Address/Parcel No. of SUBJECT PR	ROPERTY: N/A			
Send this information to me by: EM	$\text{IAIL} \underline{\checkmark}, \text{HARD}_{(\$0.15 \text{ p})}$	COPY, F. er page)	AX #	
SIG	GNATURE: Ra	For Blake Fe	Idman	
Submit Request: <u>cityclerk@obms.us</u>	fax: 662-892-9223	USPS:	9200 Pigeon Roost Rd. Olive Branch, MS 38654	

FOI	R OFFICIAL USE	ONLY		
Subject Departments: CodEnf / Cou	urt / Fire / HR / PL	AN / PD / Util	/ Other	
REQUEST DENIED:				
ESTIMATED Cost:				
ADMINISTRATIVE TIME: REPRODUCTION COST: TOTAL ESTIMATED COST:	(a)	=		
ACTUAL Cost.				

ACTUAL Cost: ADMINISTRATIVE TIME: REPRODUCTION COST:	@	=	_
TOTAL ACTUAL COST:	_ @		
	<u>AMO</u>	UNT DUE	
Fee Rec'd By: Clerk	RF	ECEIPT NO.	

DATE OF RESPONSE: _____ BY: ____

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