

**CITY OF OLIVE BRANCH  
PUBLIC RECORDS REQUEST**

**NAME:** Blake Feldman

**DATE:** 11/10/2023

**TELEPHONE NO:** 617-299-1832

**TIME:** 7:00Am

**EMAIL:** 96200-58288310@requests.muckrock.com

**Type of RECORD Requested: (BE SPECIFIC) – ONLY 1 Subject Matter per Request**

Please see next page for full request.

**Address/Parcel No. of SUBJECT PROPERTY:** N/A

**Send this information to me by:** EMAIL , HARD COPY , FAX #   
(\$0.15 per page)

**SIGNATURE:** Raj For Blake Feldman

Submit Request: [cityclerk@obms.us](mailto:cityclerk@obms.us)

fax: 662-892-9223

USPS: 9200 Pigeon Roost Rd.  
Olive Branch, MS 38654

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**FOR OFFICIAL USE ONLY**

**Subject Departments:** CodEnf / Court / Fire / HR / PLAN / PD / Util / Other \_\_\_\_\_

**REQUEST DENIED:** \_\_\_\_\_

**ESTIMATED Cost:**

**ADMINISTRATIVE TIME:** \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

**REPRODUCTION COST:** \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

**TOTAL ESTIMATED COST:** \_\_\_\_\_

**ACTUAL Cost:**

**ADMINISTRATIVE TIME:** \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

**REPRODUCTION COST:** \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

**TOTAL ACTUAL COST:** \_\_\_\_\_

**AMOUNT DUE**

\_\_\_\_\_

**Fee Rec'd By:** \_\_\_\_\_ **RECEIPT NO.** \_\_\_\_\_

Clerk

**DATE OF RESPONSE:** \_\_\_\_\_ **BY:** \_\_\_\_\_

**Departmental Signature**

