




Public Records Request Form

**Step 1 - Requester Information**

1. Name <b>Adam Steinbaugh</b>		
2. Address (include city/town, state and zip code) <b>510 Walnut Street, Suite 1250, Philadelphia, PA 19106</b>		Zip code
3. Company or organization (if applicable) <b>Foundation for Individual Rights and Expression</b>		
4. Phone number <b>215-717-3473</b>	5. E-mail address <b>adam@thefire.org</b>	6. Driver's license # OR Last 4 digits of SS# <b>N/A</b>
7. Signature of requester 		Date <b>3/27/2023</b>

**Step 2 - Public Record Information**

Describe the public records you are requesting. Please be as specific as possible. If you know the city department from which the records are requested, include the name of the department.

Any incident report generated on or after January 1, 2020 concerning an alleged violation of Mississippi Code § 97-3-55 or "libel."

Please indicate the manner in which you would like to receive the public record(s) requested:

- Personally inspect       Electronically (e-mail)       Other \_\_\_\_\_  
 Photo copy       U.S. Postal

**Fees**

**Copy fees:** Photo copies of 25 pages or less will be free of charge. For copies exceeding 25 pages, the requester will be charged \$0.15 per copy beginning from page one.  
**Labor fees:** If the retrieval of the records takes City employees more than one hour to complete, the requester will be charged the cost at the hourly rate of the appropriate person to make the retrieval for the actual number of hours of labor involved. A deposit of half the estimate may be required for requests of \$50 or more.

Request completed by: \_\_\_\_\_ Date \_\_\_\_\_

**For Official Use Only**

Copies: \$ \_\_\_\_\_  
Labor: \$ \_\_\_\_\_  
Request received by: \_\_\_\_\_  
Date: \_\_\_\_\_