

**City of Jackson**

**Department of Municipal Clerk**

P.O. Box 17

Jackson, Mississippi 39205-0017

(601) 960-1035

**REQUEST FOR CERTIFIED RECORD/RESEARCH**

(Please Print)

**TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_**

**PERSON REQUESTING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REQUEST TO BE FILLED**

**□ CERTIFIED ORDER □ CERTIFIED MINUTES □ RESEARCH REQUEST**

**(DATE OF MEETING) \_\_\_\_\_\_\_\_\_\_\_\_\_ AGENDA ITEM NO. \_\_\_\_\_\_\_**

**□ INSTRUCTIONS/COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ORDER TITLE: (**Any request shall be clear and concise by providing specific details exactly the way it is listed in Novus Agenda.)

**A RESPONSE TO YOUR REQUEST WILL BE PROVIDED TIMELY AFTER RECEIPT OF YOUR WRITTEN REQUEST**

PLEASE EMAIL REQUEST TO: certifiedrecord@jacksonms.gov

**Picked Up By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**