



CANTON PUBLIC SCHOOL DISTRICT  
Office of Business and Finance

Tony Foster  
Director  
Tracy Lewis  
Assistant Director

## Public Records Access Report

Name of Requesting Party \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact Number (\_\_\_\_) \_\_\_\_\_

Name, Location and description of record(s) sought:

\_\_\_\_\_  
\_\_\_\_\_

Request for inspection  Yes  No

Request for duplication of records  Yes  No

I agree to be financially responsible for all charges assessed by the district as actual costs incurred in searching, reviewing, and/or duplicating the public records described above.

Signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

FOR OFFICE USE ONLY: AMOUNT OF DEPOSIT \$25.00

Paid \_\_\_\_\_ Received By \_\_\_\_\_

**“Perseverance Conquers All”**

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