

CITY OF POPLARVILLE PUBLIC RECORDS REQUEST

In accordance with the Open Records Law, Section 25-61-5, effective July 1, 2010, public access or duplication of records will be provided, upon written request, within seven working days. A written explanation must be given if providing records requires more than seven days but no longer than fourteen days. More than fourteen days may only be allowed by mutual agreement. The fee for this service is to be based on the actual cost to produce the records.

NAME/TYPE OF DOCUMENT REQUESTED: _____

Approximate Date of Document: _____

PARTY REQUESTING INFORMATION:

Individual's Name: _____

Company Name: _____

Address: _____

Phone #: _____

Signature _____ Date _____

City Of Poplarville

200 Hwy. 26 East
Poplarville, MS 39470
601/795-8161

APPLICATION FOR ANIMAL LICENSE

I. OWNER INFORMATION

Name: _____ Address: _____

Driver's License # _____ City/State/Zip: _____

Phone - work: _____ Phone - home: _____

II. ANIMAL INFORMATION

Breed: _____ Name: _____

Gender: _____ Altered? (Spayed/Neutered): _____

Description: _____ Age: _____

Name & Phone # of Veterinarian: _____

Rabies Vaccination #: _____

III. Have you, or anyone in your household, ever been convicted of animal cruelty? Yes _____ No _____

Do you own any other animals? Yes _____ No _____

If So, Kind & Number: _____

We are an Equal Opportunity Service Provider

I understand the city of Poplarville has an animal control ordinance which includes a restraint regulation. I agree to abide by the rules and regulations of the City of Poplarville Animal Control Ordinance.

SIGNED THIS THE _____ DAY OF _____, 20_____

applicant

AMT. PAID: _____ DATE: _____ RECEIPT #: _____

LICENSE # ISSUED: _____ CLERK: _____

City Of Poplarville

200 Hwy. 26 East
Poplarville, MS 39470
601-795-8161 Phone / 601-795-0141 Fax

YARD SALE PERMIT APPLICATION

TO BE COMPLETED BY APPLICANT:

DATE _____

Name of Applicant _____

Address _____

Phone _____ Cell _____ Fax _____

IF Organization:

Name of organization: _____

Address: _____

Phone _____ Cell _____ Fax _____

NOTE: Attach written proof of status.

LOCATION OF SALE: _____

Type of Sale: _____

Date of Proposed Sale: _____ Dates of sales held during the last 12 months: _____

I understand the city of Poplarville has a Yard Sale Ordinance. I agree to abide by the rules and regulations of the City of Poplarville Yard Sale Ordinance.

SIGNED THIS THE _____ DAY OF _____, 20 _____

Applicant

* * * * *

AMT. PAID: _____ DATE: _____ RECEIPT #: _____ CLERK: _____

RECEIPT MUST BE POSTED DURING THE SALE

We are an Equal Opportunity Service Provider

