



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

## PUBLIC RECORDS REQUEST FORM

Mail or Hand Deliver to: 750 North State Street, Jackson, MS 39202  
Email to: [publicrecords@mdhs.ms.gov](mailto:publicrecords@mdhs.ms.gov) or Fax to 601.359.4477

Requester Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I have read and understand the Administrative Policy No. 8, 'MDHS Public Records Act Policy'*

Manner of Compliance:                      Personally Inspect                      Request to be Copied

Manner of Deliver Desired:                      Mail                      Email                      Fax

*Please provide clear, concise description with dates, if applicable.*