



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

PUBLIC RECORDS REQUEST FORM

Mail or Hand Deliver to: 200 South Lamar Street, Jackson, MS 39201

Email to: 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.