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 beCopied

Manner of Deliver Desired: Mail Email Fax

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

The Mississippi Notary Acknowledgement must be filled out when requesting information that includes one’s personal information.

STATE OF ________
COUNTY OF ________

Personally appeared before me, the undersigned authority in and for the said county and state, on this _____ day of ______, 20_____, within my jurisdiction, the within named ____________, who acknowledged that (he) (she) (they) executed the above and foregoing instrument.

__________________________
(Seal) (Notary Public)