



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.

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)