



# PUBLIC RECORDS REQUEST FORM

To request information pursuant to the Mississippi Public Records Act of 1983 (Miss. Code Ann. §§ 25-61-1 thru 25-61-19), please fill out the form below and submit to the Public Records Division at any of the means below:

**IN PERSON:** 200 S. Lamar Street Jackson, MS 39201

**FAX:** 601-359-4477 **PHONE:** 601-359-4311

**MAIL:** Public Records Division, PO Box 352 Jackson, MS 39205-0352

**EMAIL:** public.records@mdhs.ms.gov

**Date of Request:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

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

**DESCRIPTION OF PUBLIC RECORD REQUESTED:** Please describe the public record you wish disclosed, in detail. If known, please include the date of the record, subject matter, division, etc. If clarification of the request is needed, the requestor will be contacted at the contact information listed above. If necessary, attach additional page(s) for description.

**Preferred format of records (check all that apply):**

- \_\_\_ Personal Inspection (no charge)
- \_\_\_ Electronic Copy (Shared Files, Flash Drive)
- \_\_\_ Paper Copy (Standard 8 1/2 X 11)
  - \_\_\_ Black & White (\$0.15 per page)
  - \_\_\_ Color (\$0.51 per page)

**Preferred method of delivery (check all that apply):**

- \_\_\_ Pick-up at State Office (no charge)
- \_\_\_ E-Mailed (no charge)
- \_\_\_ Mailed (actual cost of materials and postage)

*Actual costs of gathering, reviewing, and reproducing requested materials will be the responsibility of the requestor. Pursuant to Section 25-61-7 of the Mississippi Code, these costs must be paid in advance. If you do not receive a response from our office within seven business days of submitting your request, please contact our office to confirm that we have received your request.*

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

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

**\* The Mississippi Notary Acknowledgement must be filled out ONLY 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)