



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: Raymond Packer

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)