



**REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**SUBJECT MATTER:** \_\_\_\_\_

- MANNER OF COMPLIANCE:**  Personally inspect  
 Personally copy  
 Cause to be copied

- MANNER OF DELIVERY DESIRED:**  By mail to address above  
 In person

I have read and understand the published statements entitled "Policy and Procedure – Mississippi Public Records Act of 1983." I understand that the actual cost of compliance with my request, if granted, shall be borne by me, including mailing costs if applicable. I also understand that:

Any request shall be clear and concise and shall be directed toward only one subject matter.

Actual costs of compliance with my request, if granted, shall be paid by me in advance of the receipt of any information.

**SIGNATURE:** \_\_\_\_\_

**APPROVAL GRANTED BY:** \_\_\_\_\_  
(NAME & TITLE)