PUBLIC RECORDS REQUEST FORM

Your Address
Telephone and Fax Number
Date

Title of Custodian of Records
Title of Public Body
Address

Dear Public Official:

Pursuant to the Mississippi Public Records Act of 1983, Miss. Code Ann. § 25-61-1 et seq. (Supp. 1996), I request the right to inspect and copy insert a clear description of what you are seeking.) I request that any copied material be provided to me in the following format: insert a clear description of the format in which you want the material).

OPTIONAL: Because this information is intended for dissemination to the general public. I request that you waive any costs or fees that otherwise might be charged.) If you assess any charges related to this records request, I agree to pay your actual cost incurred in searching and duplicating these public records, up to an amount not to exceed $____. If you anticipate costs in excess of that amount, please contact me before proceeding with this records request.

Where exemptions to the Public Records Act are discretionary, I ask you not to withhold such records, even if they might qualify for withholding under the law. If you withhold any records as exempt, please redact the exempted portions and release the remainder of the records, as required by § 25-61-9(2) of the Public Records Act. In any case where you withhold public records, please explain in writing any such denial, as required by the Records Act.

If you have any questions regarding my request, I would appreciate your communicating with me by telephone rather than by mail. I look forward to your reply as soon as is practicable, but in no case more than 14 working days from today, as required by the Act. Thank you for your cooperation and assistance.

Sincerely;