**Public Records Request/Report**

**Requestor Name** _____________________________________________________________

**Address** ____________________________________________________________________

**City** _______________________  **State** ________________  **Zip Code** _________________

**Telephone (____) _________________________ Fax (____) ________________________

**Email Address** ______________________________________________________________

**Records Requested** — (Please provide clear, concise description with dates, if applicable. Attach a separate page if needed.)

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☐ Notify me if fee exceeds:  ☐ $10  ☐ $25  ☐ $50

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**Agency’s Response —**

**Date**

**Request Received By** ____________________________  **Location** __________________

☐ “Streamlined” Records Produced and Provided

*(Send open records white copy to Communications)*

**Fee For Access** _________________

**Fee Collected By** ____________________________

☐ Request Sent To Legal Staff By ____________________________

**Legal Staff —**

☐ Request Approved By ____________________________ *(Send open records white copy to Communications)*

☐ Request Denied By ____________________________  **Reason** ____________________________ *(Send open records white copy to Communications)*

**Fees For Access**

**To Public Records**

Whenever possible,
The Health Department supplies public records at little or no cost. But the agency may charge reasonable fees as follows to cover cost:

- $.25 per page . . copies
- $10 per hour . . clerical assistance
- $40 per hour . . technical or professional assistance
- $50 per hour . . automated records search

☐ Records Produced And Provided By ____________________________

**Fee For Access** _________________

☐ Requestor Informed By ____________________________

☐ Fee Collected By ____________________________

☐ Fee Closed By ____________________________

**Comments** _________________________________________

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**All Requests Must Be Submitted In Writing To —**

*(Either on this form or letterhead stationery)*

**Office of Communications**

Mississippi State Department of Health

Post Office Box 1700

Jackson, Mississippi 39215-1700

Telephone 601-576-7667

Fax 601-576-7517

White Copy = Communications

Yellow Copy = Requestor

Pink Copy = District/County/Office