

## **Public Records Request Form**

In accordance with Mississippi Code Ann. § 25-61-1 et seq.

## INSTRUCTIONS TO REQUESTOR:

Please complete all sections. Be specific regarding the documents or information requested. Include dates, names, case numbers, or other identifiers where applicable. Vague or overly broad requests may be returned for clarification.

Requestor Information	
Full Name:	Organization (if applicable):
Address:	Phone Number:
Email:	Preferred Contact Method: ☐ Email / ☐ Phone
<b>Records Requested</b> (Please describe the records you are requesting with as much detail as possible. Attach a separate page if necessary.)	
Preferred Format: ☐ Inspection Only ☐ Paper Copi  Delivery Method: ☐ Email ☐ Pick Up ☐ U.S. Mai	,
<ul> <li>Cost Summary</li> <li>Copies of Reports to Involved Parties: \$5.00 pc</li> <li>Black &amp; White Copies: \$0.15 per page</li> <li>Color Copies: \$0.25 per page</li> <li>USB/CD (Up to 1GB): \$10.00 each</li> <li>Email under 25MB: No charge</li> <li>Postage: Current USPS rate</li> <li>Search, Review, Redaction: Hourly rate of lower be waived)</li> </ul>	er report est-paid qualified employee × actual time (first 15 minutes may
<b>Note</b> : You will receive a cost estimate before processing.	No records will be released until payment is received.
Requestor Signature:	Date:

Please submit completed request forms to fcsorecords@co.forrest.ms.us