



Mississippi Department of Rehabilitation Services
Request for Public Records

To request information pursuant to the Mississippi Open Records Act (Miss. Ann Code §25-61-1), please fill out the form below and submit it to the attention of the Mississippi Department of Rehabilitation Services Public Records Officer at Post Office Box 1698, Jackson, Mississippi, 39215-1698 or you may submit the request electronically to publicrecords@mdrs.ms.gov. All requests will be answered within the statutory guidelines of the Mississippi Open Records Act and Administrative Procedures of MDRS.

I. INFORMATION ON INDIVIDUAL MAKING THE REQUEST

- 1. (FULL NAME) (ORGANIZATION)
2. (PERSONAL ADDRESS) (CITY, STATE, ZIP)
3. (BUSINESS ADDRESS) (CITY, STATE, ZIP)
4. (TELEPHONE—PERSONAL) (TELEPHONE—BUSINESS)
5. (EMAIL ADDRESS)
6. Are you a member of the press? Yes No
7. What type of review is requested? Personal Inspection Receive Copies (mail) Receive Copies (email)

II. 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 an additional page(s) for description. Client files, medical records, and personnel files are not considered public records.

To your knowledge, do the records sought contain a trade secret, confidential commercial or financial information? Yes No

III. ACKNOWLEDGEMENT OF COSTS

I understand a fee may be charged to cover the direct cost of search, review, and reproduction, as prescribed in the Mississippi Department of Rehabilitation Service's fee schedule. I understand such costs must be paid prior to the production of the public record. I understand the costs for reproduction/ searching/ reviewing the records may exceed initial estimates and agree to pay additional costs if they exceed the original estimate. Should the request require extensive research or copies, the requestor agrees to allow additional time for processing the requested documentation to be mutually agreed upon by the parties.

(DATE OF REQUEST) (SIGNATURE) (PRINT NAME)