

## REQUEST FOR PUBLIC RECORD

Person Requesting: \_\_\_\_\_

Representing: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Documents requested: (Please be as clear and concise as possible):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

Note: Actual costs of gathering, reviewing and reproducing materials will be the responsibility of the requestor. Pursuant to Section 25-61-7 of the Mississippi Code. These costs must be paid in advance. Payment may be made by certified check, money order or corporate check payable to: Lowndes County Administration

Please submit this request to one of the following:

By U.S. Mail:

Lowndes County Administration  
PO BOX 1364  
Columbus MS 39703

By email:

jfisher@lowndescountyms.com  
dneault@lowndescountyms.com

For Employee Use:

Research by: \_\_\_\_\_

Research hours/material: \_\_\_\_\_

Research Fee: \_\_\_\_\_