



*Pearl River Valley Water Supply District
P.O. Box 2180, Ridgeland, MS 39158
(601)856-6574 – (601)856-6639 Fax*

REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS

(Please Print or Type)

Today's Date: _____ Phone: _____

Person Requesting: _____

Address: _____

Name of Business (If Applicable) _____

If Attorney/Insurance Co. Making Request; Client's Name _____

Subject Matter: _____

(Any request shall be clear and concise and shall be directed toward only one subject matter)

MANNER OF COMPLIANCE: Personally Inspect
 Photocopy of Document

MANNER OF DELIVERY: By Mail to Address Above
 To Pick Up in Person
 Fax, if possible

For further information regarding this form and the PRVWSD's Public Records Policy, please see the regulation at <https://www.sos.ms.gov/adminsearch/ACCode/00000129c.pdf>. A copy of these regulations is available for review upon request. I understand that there may be a charge for this information, including, but not limited to, \$.50 per photocopy and the actual cost of searching, reviewing, and, if applicable, mailing copies and \$1.00 for each certification thereof if required.

A RESPONSE TO YOUR REQUEST AND THE APPLICABLE FEES INVOLVED WILL BE PROVIDED WITHIN THREE (3) BUSINESS DAYS OF YOUR WRITTEN REQUEST, WITH AVAILABLE COPIES PROVIDED NO LATER THAN ELEVEN (11) BUSINESS DAYS FROM THE DATE OF PAYMENT OF THE FEE ESTIMATE.

Signature of Person Requesting Records