Pearl River Valley Water Supply District

Public Records Request Form

Requestor Information

Today's Date: _____ Phone: _____

Name: _____

Email: _____

Address: _____

Business Name (if applicable): _____

Client Name (if Attorney/Insurance): _____

Request Details

_____

_____

_____

_____

Request Preferences

Manner of Compliance: ☐ Personally Inspect ☐ Photocopy

Manner of Delivery: ☐ Mail ☐ Email ☐ Pick Up ☐ Fax

Certification

I certify that the information furnished above is true and correct to the best of my knowledge

Signature: _____ Date: _____

Important Information

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. There may be a charge for this information, including, but not limited to, $.15 per photocopy and the actual cost of searching, reviewing, and, if applicable, mailing copies and $5.00 for each certification thereof if required. Requests shall not be made upon Board Members.

A RESPONSE TO YOUR REQUEST AND THE APPLICABLE FEES INVOLVED WILL BE PROVIDED WITHIN FIVE (5) BUSINESS DAYS UPON RECEIPT, WITH AVAILABLE COPIES PROVIDED NO LATER THAN FOURTEEN (14) BUSINESS DAYS FROM THE DATE OF THE REQUEST, UPON RECEIPT OF PAYMENT.

Return Information

Pearl River Valley Water Supply District
6018 Lakeshore Park
Brandon, MS 39047
Email: comments@therez.ms