



REQUEST TO INSPECT, COPY, OR REPRODUCE PUBLIC RECORDS

Today's Date: _____ Phone: _____

Person Requesting: _____

Address: _____

Name of Business (if applicable): _____

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

Email: _____

Description of Request: _____

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

Manner of compliance (please circle): Personally inspect Photocopy

Manner of delivery (please circle): Mail Email Pick up in person Fax

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, \$.50 per photocopy and the actual cost of searching, reviewing, and, if applicable, mailing copies and \$1.00 for each certification thereof if required.

Requests may be received in person at the Main Office, via email at comments@therez.ms, or by mail. Contact info is below. Requests shall not be made upon Board Members.

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

AN AGENCY OF THE STATE OF MISSISSIPPI

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Adam Choate, Executive Director