



Public Records Access Request

Name of Requesting Party:

Address:

Telephone Number:

Nature, location and description of record(s) sought:

Request for Inspection:	Yes	No
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Request for Duplication of Records:	Yes	No
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I agree to be financially responsible for all charges assessed by the District as actual costs incurred in searching, reviewing, and/or duplicating the public records described above. All applicable charges shall be paid to the district in advance of complying with any requests pursuant to the following schedule:

Signature of Requester

Email Address

Date:

Time:

Amount of Deposit

Paid:

Received By:

Mail or deliver the completed form to: *Jackson Public Schools, Office of District Counsel, 662 S. President Street, Jackson, MS 39201.*