

Hattiesburg Public Schools

Public Records Request Form

Name of Requesting Party _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

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

Request for inspection: _____ Yes _____ No

Request for duplication of records: _____ Yes _____ No

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. Any request which will require considerable assistance of school personnel for searching and reviewing shall be subject to a minimum deposit of \$25.00.

Signature: _____

Date: _____ Time: _____

Email the completed form to: superintendent@hattiesburgpsd.com or mail it to:
Hattiesburg Public School, Office of the Superintendent, 301 Mamie Street, Hattiesburg, MS 39401.

FOR OFFICE USE ONLY:

Amount of Deposit Paid: _____

Search Fee: _____

Copy Fee: _____

Received by: _____

Search Fee: _____ hours X _____

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