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 or 50% of the estimated costs (whichever is greater).

Signature:_____Date:_____
Time:_____

Requests for access to public records shall be filed in writing, on forms provided, with the Superintendent of Schools, Hattiesburg Public School District, P.O. Box 1569, 301 Mamie Street, Hattiesburg, MS 39401.

FOR OFFICE USE ONLY:

Amount of Deposit Paid:_____
Search Fee:_____
Copy Fee:_____
Received by:_____
Search Fee: _____ hours X _____

Built for Greatness