

## REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

## I. INFORMATION ON INDIVIDUAL MAKING REQUEST

PURSUANT to the MISSISSIPPI PUBLIC RECORDS ACT of 1983, the undersigned requests disclosure of the described public record.

(FULL NAME – Printed or Typed)	(COMPANY or ORGANIZATION) (BUSINESS ADDRESS)	
(PERSONAL ADDRESS)		
(CITY)	(CITY)	
(STATE) (ZIP)	(STATE) (ZIP)	
TELEPHONE (HOME)	TELEPHONE (BUSINESS)	
EMAIL ADDRESS	EMAIL ADDRESS	
FAX NUMBER	FAX NUMBER	

## II. DESCRIPTION OF PUBLIC RECORD REQUESTED

8. Please describe the specific public record you wish disclosed, including the date of the record, subject matter, work area or person involved, or other identifier which will permit location or retrieval of the public record:

9.	Does the information sought contain a trade secret, confidential, commercial or financial information, to your knowledge? (check yes or no) YES NO			
10.	Is the information sought c or no) YES NO	ontained in a large volume or records, to your knowledge? (check)	yes	
	I	II. AGREEMENT TO PAY COSTS		
and I accor any 1	agree to pay such costs <u>price</u> dance with the fee schedule records search. I understand	be charged to cover the direct costs of search, review, and reproduced to the production of the public record. The fee charged will be of the Department of Marine Resources and all costs associated that the costs for reproducing/searching and reviewing records to pay additional costs if they exceed the original estimates.	oe in with	
		on of state records is a crime punishable by law, Mississippi	Code	
Anno	otated § 25-59-23 (1972). This	office prosecutes violators.		
(DATE OF REQUEST)		(PLEASE PRINT NAME)		
		(SIGNATURE)		
		For Office Use Only		
		ESTIMATE OF COST:		
	Copies	@ \$00.25 a page =		
	Research Time	@ \$6.25 per quarter hour =		
	Other Cost	@ =		
	Other Cost			
	Total Cost	=		