



REQUEST FOR PUBLIC RECORDS

To request information pursuant to the Mississippi Public Records Act (Miss. Code Ann. §25-61-1), please fill out the form below and submit it to the Mississippi State Board of Optometry, 5 Old River Place, Suite 105, Jackson, MS 39202 . Requests may be mailed or hand delivered or emailed to info.msbo.ms.gov. All requests will be answered within the statutory guidelines of the Mississippi Public Records Act and Administrative Procedures of the Mississippi State Board of Optometry.

I. INFORMATION ON INDIVIDUAL MAKING THE REQUEST

Full Name	
Organization	
Personal Address	
City, State, Zip	
Personal Telephone	
Personal Email	
Mailing Address	
City, State, Zip	
Mailing Telephone	
Mailing Email	

II. DESCRIPTION OF PUBLIC RECORD REQUEST

Please describe the public record you wish disclosed. In detail. If known, please include the date of the record, subject matter, division, etc. If clarification of the request is needed, the requestor will be contacted at the contact information listed above. If necessary, attach an additional page(s) for description.

III. ACKNOWLEDGEMENT OF COST

I understand a fee may be charged to cover the direct costs of search, review, and reproduction, as prescribed in the MSBO rules and regulations. I understand such costs must be paid prior to the production of the public record. I understand the costs for searching, reviewing and reproducing the records may exceed initial estimates and I agree to pay additional costs if they exceed the original estimate. Should the request require extensive research or copies, the requester agrees to allow additional time for processing the requested documentation to be mutually agreed upon by the parties. **IMPORTANT: THEFT OR ALTERATION OF STATE RECORDS IS A CRIME PUNISHABLE BY LAW.** Miss. Code Ann. §25-59-23 (1972).

Date of Request: _____ Signature of Requester: _____

Date of Receipt _____ Print Name: _____