MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE REQUEST FOR PUBLIC RECORDS

Completed request can be submitted to one of the addresses below:

Mississippi State Board of Medical Licensure 1867 Crane Ridge Drive, Suite 200-B Jackson, MS 39216

mboard@msbml.ms.gov or (601) 987-4159 (facsimile)

NOTE: ACTUAL COSTS OF GATHERING AND REPRODUCING REQUESTED MATERIALS WILL BE THE RESPONSIBILITY OF THE REQUESTING AGENT.

| Person Making Request: | | | | |
|--|--------------------|--|------------------|--|
| Entity Representing: | | | | |
| Street/Mailing Address: | | | | |
| City, State, Zip: | | | | |
| Email Address: | | | | |
| Telephone: | | | | |
| Date of Request: | | | | |
| Material Requested (Be as clear and concise as possible.): | | | | |
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| Select how you would like to review material: | Personally Inspect | | Copy of Material | |
| I understand a fee may be charged to cover the direct cost of search, review and reproduction. I understand standard black and white photocopies are 15 cents per page. I understand that before the Board begins to make the copies, all reasonably estimated costs of copying all the records selected must be pre-paid. I understand the cost of electronic copies of records shall be 10 dollars for information on a CD-ROM. I understand the Board may also charge actual costs of mailing, including the cost of the shipping container. I understand the actual cost of searching for and reviewing and, if necessary, redacting exempt information from public records shall be based upon the hourly rate of compensation for the lowest paid agency employee qualified to perform the task. I understand the Board requires payment in advance for all costs before providing copies or access to records. Should the request require extensive research or copies, the requestor agrees to allow additional time for processing the requested documentation. | | | | |
| Requestor's Signature | | | Date | |