



HATTIESBURG PUBLIC SCHOOL DISTRICT
PUBLIC RECORDS ACCESS REPORT

Name of Requesting Party _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Nature, location and description of 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.

Signature: _____

Date: _____

Time: _____

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

FOR OFFICE USE ONLY: AMOUNT OF DEPOSIT

Paid _____

Received by _____