



PUBLIC RECORDS REQUEST FORM

Public Records Officer: Joan Andrews
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Mailing Address:
P.O. Box 1307
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Requestor Information:

Print Name (Last, First, Middle Initial):

Date

Company Name

Telephone Number

Street Address, City, State, Zip Code

Fax Number

Email Address

Type of Request:

Access / View Only

Paper Copy

Electronic Copy

Faxed Copy

Please describe records requested in detail:

Attach additional documentation, if applicable

Signature

Date

For Administrative Use Only:

Date Received

Response due (7 business days)

Action Taken:

Date