



MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS

P.O BOX 50
MORTON, MS 39117
(769) 769-5052
FAX (601) 732-6447
www.msbce.ms.gov

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 Chiropractic Examiners, Post Office Box 50, 353 South Fourth Street, Morton, MS

39117. Requests may be mailed, hand delivered, transmitted via facsimile to (601) 732-6447, or emailed to support@msce.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 Chiropractic Examiners

I. INFORMATION ON INDIVIDUAL MAKING THE REQUEST

A. _____ Full Name	B. _____ Organization
C. _____ Personal Address	D. _____ Mailing Address
E. _____ City, State, Zip	F. _____ City, State, Zip
G. _____ Telephone	H. _____ Telephone
I. _____ Email	J. _____ 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 MSBMT fee schedule. 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: _____