



Mississippi State Board of Dental Examiners

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PUBLIC RECORDS REQUEST FORM

To request information pursuant to the Mississippi Public Records Act (Miss. Code Ann. § 25-61-1 et seq.), please complete the form below and submit it to the Mississippi State Board of Dental Examiners, Executive Director, 715 S. Pear Orchard Road, Suite 200, Ridgeland, MS 39157. Requests may be mailed, hand delivered or emailed to publicrecords@dentalboard.ms.gov.

I. INFORMATION ON INDIVIDUAL MAKING REQUEST

(NAME/NAME OF ORGANIZATION)

(ADDRESS)

(CITY)

(STATE)

(ZIP)

(TELEPHONE)

(EMAIL)

II. DESCRIPTION OF REQUEST

Please describe in detail the public record(s) being requested.

III. ACKNOWLEDGEMENT OF COST

*I understand that a fee may be charged to cover the direct costs of search, review, and reproduction of the requested record(s).
I understand that the costs must be paid prior to the production of the public record(s).*

(DATE OF REQUEST)

(SIGNATURE)

Internal Use Only:

Date Received	Approved	Cost/Invoice Number	Date Delivered	Payment