



Mississippi State Board of Dental Examiners

715 S. Pear Orchard Road, Suite 200

Ridgeland, MS 39157

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dental@dentalboard.ms.gov

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 dental@dentalboard.ms.gov. **PLEASE INCLUDE “PUBLIC RECORDS REQUEST” IN THE SUBJECT LINE.**

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 |
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