

HOLMES COUNTY EMERGENCY MANAGEMENT PUBLIC RECORDS REQUEST

NOTICE: After completing, please submit this form via email, US mail or fax. Requests can also be made via telephone, in which case this form is not required.

Thank you for your interest in the operations of the Holmes County Emergency Management. Your request will be addressed according to law and according to the public records request policy established by this office. To ensure that we have sufficient information to enable this office to respond to your request, please provide the following information:

This is a request for: _____ information only _____ information and paper or electronic copies

NOTICE: The requester will be required to pay in advance the cost of providing a copy of the public record(s) in accordance with the requester's choice of medium currently available in this office.

Date: _____ Name: _____ (optional) Address: _____
_____(optional) Phone number or other method by which we can contact
you _____ (optional)

Method by which this request is being made:

___ U.S. mail ___ fax ___ telephone ___ in person ___ email _____
(email address)

Description of record(s) being requested: _____

Method of delivery requested: ___ U.S. mail ___ email ___ pick-up

_____ Requester's signature (optional)	_____ Date
_____ Employee receiving request	_____ Date received
_____ Appointing Authority/Department Head	_____ Date received

