

OCEAN SPRINGS SCHOOL DISTRICT  
PUBLIC RECORDS ACCESS REPORT

Name of Requesting Party \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Nature, location and description of record(s) sought:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request for inspection    \_\_\_\_\_ Yes            \_\_\_\_\_ No

Request for duplication of records    \_\_\_\_\_ Yes            \_\_\_\_\_ No

I agree to be financially responsible for all charges assessed by the district as actual costs incurred in searching, reviewing and/or duplicating the public records described above.

Signature: \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

FOR OFFICE USE ONLY: AMOUNT OF DEPOSIT

Paid

\_\_\_\_\_

Received by \_\_\_\_\_