



# Public Information Request

Revised 8/03/2015

Please print or type in black ink. Complete sections 1 through 3, and return form to the PERS executive director. See bottom of form for contact information. This form is to allow for Freedom of Information Act (FOIA)-type requests pursuant to the Mississippi Public Records Act.

## 1 Requesting Party Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Cellular  Home  Work E-Mail: \_\_\_\_\_

## 2 Information Requested – List all requested public records below.

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

## 3 Requesting Party Acknowledgement

I understand and acknowledge that my request for public records from the Public Employees' Retirement System of Mississippi (PERS) will be handled in accordance with the Mississippi Public Records Act and that my request may be denied if deemed ineligible by the PERS executive director. Furthermore, I agree to pay any charges that result from PERS searching, reproducing, and/or mailing the records that I am requesting.

Requesting Party's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

**PERS Use Only**

## 4 Request Decision

Date Received by PERS mm/dd/ccyy: \_\_\_\_\_ Date Answered mm/dd/ccyy: \_\_\_\_\_ Tracking No.: \_\_\_\_\_

Subject Matter: \_\_\_\_\_

Approved Request Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_

Denied Basis for Denial: \_\_\_\_\_ Attach copy of Notice of Denial.

Processing Individual's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_