

PUBLIC RECORDS REQUEST
HINDS COUNTY TAX ASSESSOR
P. O. BOX 22908
JACKSON, MISSISSIPPI 39225-2908

DATE RECEIVED: _____

REQUESTOR NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

INFORMATION REQUESTED: _____

COST:

COPY NUMBER _____ X \$0.50 PER COPY = \$ _____

STAFF HOURS _____ X \$15.00 = \$ _____

POSTAGE AND/OR OTHER COSTS _____ = \$ _____

TOTAL COST _____ = \$ _____

BALANCE DUE _____ \$ _____

REQUESTOR'S SIGNATURE _____ DATE _____

DATE COMPLETED _____ BY _____

PAYMENT MUST BE REMITTED PRIOR TO RESEARCH OR RECEIPT OF INFORMATION
REQUESTED INFORMATION WILL BE FURNISHED WITHIN FOURTEEN (14) WORKING DAYS
OF DATE OF REQUEST, PER MS. CODE SEC. 25-61-5