

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

DATE RECEIVED: _____

REQUESTOR NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

INFORMATION REQUESTED: _____

COST:

COPY NUMBER _____ X \$.50 PER COPY = \$ _____

STAFF HOURS _____ X \$15.00 = \$ _____

POSTAGE AND/OR OTHER COSTS = \$ _____

TOTAL COST = \$ _____

BALANCE DUE = \$ _____

*******NOTICE: A FEE OF \$37.00 WILL BE CHARGED FOR ANY RETURN CHECKS.*******

REQUESTOR'S SIGNATURE _____ DATE _____

COMPLETED BY & DATE _____

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 FEES MISS CODE 25-7-3