



HANCOCK COUNTY PORT & HARBOR COMMISSION

Date Completed:	_____
Completed by:	_____
Receipt #:	_____
Payment Method:	_____
Amount Paid:	_____

Hancock County Port and Harbor Commission Public Records Request Form

Request Date: _____

Date Signed Request Received: _____

All records requests are to be directed to:

Chief Executive Officer

Mailing Address:

14054 Fred and Al Key Rd.

Kiln, MS 39556

Fax: 228-467-9341

Email: Administration@hcpnc.ms

Physical Address:

14054 Fred and Al Key Rd.

Kiln, MS 39556

Requesting records from the following departments: *(Check all that apply.)*

Airport

Port Bienville

Railroad

General Operating

Economic Development

Finance

Person/Business making request:	
Address:	
Telephone Number:	
Email Address:	

All requests must be clear and concise & shall be directed toward only one subject matter per request.

Record(s) Requested:

Manner of Compliance

<input type="checkbox"/>	Personally inspect only
<input type="checkbox"/>	Electronic Copies to be provided
<input type="checkbox"/>	Physical copies to be provided

Manner of Delivery

<input type="checkbox"/>	By mail to the address listed above
<input type="checkbox"/>	Email
<input type="checkbox"/>	In person at the office of the request that has been submitted

Fee Schedule

Per Page (Black and White/Color)	\$.25/ \$.50	Data on flash drive	\$15.00 per drive
Postage (per stamp)	Current Rate		
Research, copy and/ or scan time (per hour)	Employee Rate		

Actual cost of compliance of request, if granted, shall be paid in advance of receipt of information. Please note research and production time will be based upon the hourly rate of the lowest qualified respondent to your request. Payments can be made payable by check, money order, or cash.

I am aware of the fact that requests for public records are governed by the Mississippi Public Records Act of 1983 and the Commission's adopted public records policy, and I further understand that the actual cost of compliance with my request, if granted, shall be borne by me, including mailing costs if applicable.

YOUR SIGNATURE IS REQUIRED, AS THIS SERVES AS YOUR ACKNOWLEDGEMENT AND AGREEMENT TO ALL OF THE TERMS AND CONDITIONS NOTED ABOVE. YOUR REQUEST CANNOT BE PROCESSED WITHOUT A SIGNATURE.

Signature of requesting party: _____

Request received by: _____