

**HATTIESBURG-LAUREL REGIONAL AIRPORT AUTHORITY  
PUBLIC RECORDS REQUEST**

Requesting Party:

Individual: Name: \_\_\_\_\_  
  First  Middle  Last

OR

Entity: Name: \_\_\_\_\_

Entity Contact: Name: \_\_\_\_\_  
  First  Middle  Last

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
  Street or P.O. Box

\_\_\_\_\_  
  City  State  Zip Code

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Records Requested:

Title or Identification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relevant Date(s): \_\_\_\_\_

I understand and acknowledge that HLRAA will respond to this Public Records Request in accordance with its Procedures for Access to Public Records; that no public records will be provided until HLRAA has received payment of all costs and expenses associated with searching, reviewing and/or duplicating and, if applicable, mailing copies of the public record(s) requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date