HATTIESBURG-LAUREL REGIONAL AIRPORT AUTHORITY PUBLIC RECORDS REQUEST

Requesting Party:			
Individual: Name:			
First OR	Middle	Last	
Entity: Name:			
Entity Contact: Name:First	st Middle	e Last	
Title:			
Mailing Address:			
Street or P.O.	. Box		
City	State	Zip Code	
Telephone Number:	Facsimil	Facsimile Number:	
Email Address:			
Records Requested:			
Title or Identification:			
Relevant Date(s):			
I understand and acknowledge that in accordance with its Procedures for Ac			
provided until HLRAA has received pay	ment of all costs and expe	nses associated with	
searching, reviewing and/or duplicating a requested.	and, if applicable, mailing	copies of the public record(s)	
-			
Signature		Date	