

**MISSISSIPPI GAMING COMMISSION**

**REQUEST FOR PUBLIC RECORDS**

Person Requesting: \_\_\_\_\_ Representing: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Date of Request: \_\_\_\_\_

Material Requested (Please be as clear and concise as possible.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Review Requested: \_\_\_\_\_ Personally Inspect \_\_\_\_\_ Copy of Material

Further Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

Please submit this request to:

Public Relations Director  
Mississippi Gaming Commission  
P. O. Box 23577  
Jackson, Mississippi 39205-3577

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