JACKSON MUNICIPAL AIRPORT AUTHORITY
PUBLIC RECORDS REQUEST

Contact Information for Person Making Request:

Name: _____
First Middle Last

Company or Entity on Whose Behalf Request is Made: _____

Mailing Address: _____
Street or P.O. Box City State Zip Code

Telephone Number: _____ Facsimile Number: _____

Email Address: _____

IDENTIFICATION OF RECORDS REQUESTED

Title or Description: _____

Date(s): _____

I understand by executing below and submitting this request to JMAA that:

1. JMAA has seven (7) working days from receipt of this request to respond. If JMAA cannot respond to my request within seven (7) working days of receipt, JMAA will notify me of the reasons that it cannot respond within seven (7) working days and will have a total of fourteen (14) workings days in which to respond to my request.
2. If the Public Records requested contain trade secrets or commercial or financial information supplied to JMAA by a third party, JMAA will notify the third party of this request and give the third party a reasonable opportunity, not to exceed ten (10) working days, to protect disclosure of the requested information through court order.
3. No Public Records will be provided until JMAA has received payment for all costs and expenses of researching, retrieving and reproducing the Public Records.
4. JMAA will not produce or provide copies of any records protected or privileged by applicable law.

_____ _____
(Signature) (Date)

FOR JMAA USE ONLY

Date Request Received: _____

Date Notified of Cost: _____

Cost: _____

Date Requested Filled: _____

Date Denied: _____

Reason Denied: _____