HOLMES COUNTY RECORDER'S OFFICE PUBLIC RECORDS REQUEST

NOTICE: After completing, please submit this form via email, US mail or fax. Requests can also be made via telephone, in which case this form is not required.

Thank you for your interest in the operations of the Holmes County Recorder's office. Your request will be addressed according to law and according to the public records request policy established by this office. To ensure that we have sufficient information to enable this office to respond to your request, please provide the following information:

This is a request for:	information only	information a	nd paper or electronic copies
NOTICE: The requester will in accordance with the requ			g a copy of the public record(s) s office.
Date: Name:		(optional) Address:	
	(optional) Ph	one number or other me	thod by which we can contact
you			(optional)
Method by which this reque	est is being made:		
U.S. mailfaxte	elephonein person _	email	
	(email address)		ldress)
Description of record(s) bein	ng requested:		
Method of delivery request	ed:U.S. mailem	nailpick-up	
Requester's signature (op	tional)		Date
Employee receiving reque	st		Date received
Appointing Authority/Dep	partment Head		Date received