FORREST HEALTH
CONTRACTS AND LEGAL SERVICES DEPARTMENT

REQUEST FOR PUBLIC RECORDS

Name of Person Requesting:________________________________________________________

Company (or Firm) Name:__________________________________________________________

Street/Mailing Address:_________________________________________________________________

City, State, Zip:_______________________________________________________________________

Telephone:_________________________ Date of Request: ________________________________

Email Address:____________________

Material Requested (Please be as clear and concise as possible):
_________________________________________________________________________________
_________________________________________________________________________________

Type of Review Requested: _______ Personally Inspect _______ Copy of Material
($0.15/per sheet)

Special Instructions (if any):________________________________________________________

___________________________________________________

Please submit this request to one of the following:

By U.S. Mail:
Forrest General Hospital
6051 Hwy. 49
Hattiesburg, MS 39401-7201
Attn: Contracts and Legal Services Dept.

By Facsimile:
601-288-4360

By E-mail:
open.record@forrestgeneral.com

Note: Actual costs of gathering and reproducing requested materials will be the responsibility of
the requesting party.

For Office Use Only:

Date Received: _______________________
Date of Initial Response:_______________________
Date of Approval/Denial:_______________________
Reason for Denial: ___________________________
(Enter Miss. Code Exemption)

FGH-760089
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