JACKSON MUNICIPAL AIRPORT AUTHORITY PUBLIC RECORDS REQUEST

Contac	ct Information for Person Ma	king Request:				
Name:First		Middle		Last		
Compo	any or Entity on Whose Beha					
_						
Mailin	g Address:Street or P.	O. Box	City	State	Zip Code	
			Facsimile			
reiepn	none Number:		_Facsimile	Number:		
Email	Address: IDENT	TIFICATION OF RE		REQUESTED		
Title o	r Description:					
Date(s):					
I unde	rstand by executing below an	nd submitting this req	uest to JMA	AA 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 cannot respond within seven (7) working days and will have a total of fourteen (14) working days i 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 twenty-one (21) 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 or researching, retrieving and reproducing the Public Records.					
4.	JMAA will not produce or	provide copies of any	y records pr	otected or privile	eged by applicable law.	
	(Signature)		-	(Da	nte)	
	Return VIA E-Mail to B	SPEARS@JMAA.C	OM or VL	A FAX to (601)	664-3598	
		FOR JMAA U	SE ONLY			
D	ate Request Received:					
D	ate Notified of Cost: ——					
C	ost:					
D	ate Denied:					
R	eason Denied:					