JACKSON MUNICIPAL AIRPORT AUTHORITY PUBLIC RECORDS REQUEST

Contac	ct Information for Person Ma	king Request:				
Name:First		Middle	Middle		Last	
Comp	any or Entity on Whose Beha					
_		_				
Mailin	g Address: Street or P.	O Roy	City	State	Zip Code	
	Succe of 1.				Zip Code	
Telephone Number:			Facsimile Number:			
Email	Address:					
	IDENT	TIFICATION OF RE	ECORDS R	REQUESTED		
Title o	r Description:					
Date(s):					
I unde	rstand by executing below an	d submitting this requ	uest to JMA	AA that:		
2.	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 which to respond to my request. 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 o researching, retrieving and reproducing the Public Records.					
4.	JMAA will not produce or	provide copies of any	records pr	otected or privile	eged by applicable law.	
	(Signature)		_	(Date)	
	Return VIA E-Mail to	TEDINBURGH@JI	MAA.CON	I or VIA FAX t	o (601)	
		FOR JMAA U	SE ONLY			
D	ate Request Received:					
D	ate Notified of Cost:					
\mathbf{C}	ost:					
	(D (FIN)					
	-					
D	ate Denied:					
R	eason Denied:					