REQUEST FOR PUBLIC RECORDS OF THE
DEPARTMENT OF BANKING AND CONSUMER FINANCE
(Please note that requests for records of other state or local agencies must be directed to those agencies.)

Date of Request: ____________________________________________________________

Person Requesting: __________________________________________________________

Representing: _______________________________________________________________

Street/Mailing Address: _______________________________________________________

City, State, Zip: ______________________________________________________________

Telephone: ______________________ Email Address: ______________________________

Documents Requested (Please be as clear and concise as possible.):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Review Requested: _______Personally Inspect _______Copy of Material

Electronic Copy of Material (if available): _______

Further Instructions: _________________________________________________________
________________________________________________________________________
________________________________________________________________________

Requestor's Signature: _______________________________________________________

Please submit this request via U.S. Mail, postage prepaid, to the following (an emailed or faxed request does not satisfy the written request requirements):

Department of Banking and Consumer Finance
ATTN: Richard Rogers, Compliance Officer
Post Office Box 12129
Jackson, MS 39236-2129

Note: Actual costs of gathering, reviewing, and reproducing requested materials will be the responsibility of the requestor. Pursuant to Section 25-61-7 of the Mississippi Code, these costs must be paid in advance. If you do not receive a response from our office within seven business days of submitting your request, please contact our office to confirm that we have received your request.