Memorial Hospital at Gulfport
4500 13th Street, Gulfport, MS 39501

Memorial

PUBLIC RECORDS REQUEST

Instructions: Complete the information below and submit to the appropriate office. Memorial Hospital will respond within seven (7) working days of receipt of this request. Fees must be paid by cash, check or money order payable to: Memorial Hospital at Gulfport.

DATE REQUESTED: ______________________

REQUESTED BY: ______________________

ORGANIZATION: ______________________

PHONE: ______________________

EMAIL ADDRESS: ______________________

RECORDS REQUESTED

DATE RANGE (If applicable): ______________________

DESCRIPTION OF RECORDS REQUESTED:

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PLEASE CIRCLE FORMAT LISTED BELOW:

Electronic **Hard Copy**

There is no per page charge for electronic copies

PLEASE CIRCLE DELIVERY METHOD LISTED BELOW:

Email **Pickup** **Overnight Mail** **First Class Mail**

Some methods may incur charges.

SIGNATURE BELOW INDICATES APPROVAL TO PROCEED WITH REPRODUCTION OF RECORDS AND AGREEMENT TO PAY ASSOCIATED FEES:

Signature and Date: ______________________

FOR INTERNAL USE ONLY:

REQUEST RECEIVED DATE:

____

REQUEST RECEIVED BY:

____

SUMMARY OF COST:

Rate ___ X Hours___= ________

Storage retrieval cost = ______

Hard Copy Cost
(___ @$.15/page)=__________

TOTAL COST: ______________

RESPONSE DATE: ______________

RESPONSE PREPARED BY:

Circle reason unable to produce records:

Nonexistant Exempt records
Cost Prohibitive
Other (see attached)

To submit this form via email, print the form, fill out in blue or black ink, scan and email it to jstuart@mhg.com