



REQUEST FOR ATTORNEY GENERAL'S OPINION

Attorney General's Office
Opinions Division
Post Office Box 220
Jackson, Mississippi 39205-0220

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THIS OFFICE DOES NOT ADDRESS ISSUES ON MATTERS CURRENTLY IN LITIGATION

Is this issue in litigation? (YOU MUST CHECK ONE)

Yes No

If no, do you anticipate that litigation will be filed? (YOU MUST CHECK ONE)

Yes No

Requestor's Name: _____ Date: _____

City/County/Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Telephone Number: _____ Alternate Number: _____

Specify public title or official public position that qualifies you to request an opinion:

Specify the question which is the subject of your request for an official opinion (Attach additional sheets if required):

Exhibit "1"

Set forth the facts relevant to the question which is the subject of your request for an official opinion (Attach additional sheets if required):

Please upload your written request for an opinion on your official letterhead here.

Signature and title of individual requesting opinion:

SIGNATURE

TITLE