

REQUEST FOR ATTORNEY GENERAL'S OPINION

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

Telephone: 601-359-3680 www.ago.ms.gov

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
equestor's Name: Date:			
City/County/Agency Nan	ne:		
Mailing Address:			
City:		State:	Zip Code:
Email address:			
Telephone Number:	Alte	ernate 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):			

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