



MISSISSIPPI ASSOCIATION OF SUPERVISORS

793 N. President Street, Jackson, Mississippi 39202

Office 601.353.2741 ~ Fax 601.353.2749

www.mssupervisors.org

2020-2025 DIRECTORY OF COUNTY OFFICIALS DATA FORM

MAS is collecting information for the *2020-2025 Directory of County Officials* (the MAS "Blue Book").

Please complete this form and return to Stephanie Spangler at sspangler@massup.org or fax to

601.353.2749. MAS will provide a proof of the county's *Directory* pages for approval prior to publishing.

To meet our publishing deadline, please return this form by Monday, March 16, 2020.

County Name: _____ Date: _____

Contact Name: _____ Title: _____

Contact Email: _____ Phone: _____

BOARD OF SUPERVISORS' COUNTY OFFICE CONTACT INFORMATION:

Physical Address: _____

City: _____ Zip: _____ Phone No: _____

Mailing Address: _____

City: _____ Zip: _____ Fax: _____

Supervisor, District 1: _____ Cell: _____

Email*: _____ Publish Cell: ☐ Yes ☐ No

Supervisor, District 2: _____ Cell: _____

Email*: _____ Publish Cell: ☐ Yes ☐ No

Supervisor, District 3: _____ Cell: _____

Email*: _____ Publish Cell: ☐ Yes ☐ No

Supervisor, District 4: _____ Cell: _____

Email*: _____ Publish Cell: ☐ Yes ☐ No

Supervisor, District 5: _____ Cell: _____

Email*: _____ Publish Cell: ☐ Yes ☐ No

Who at the County should be the primary point-of-contact to approve the proof for publication?

Name: _____ Email: _____

Title: _____ Phone No: _____

* To access MAS' Member Portal, each person must have a unique email address. To access the portal, go to www.mssupervisors.org and click on "Member Login." Enter your email address and click "Forgot Password."

County Name: _____ Date: _____

OTHER COUNTY OFFICIALS' CONTACT INFORMATION

The following individuals are typically published in each issue of the *Directory*. Please complete all information for each person.

Chancery Clerk: _____ Gender: _____ Cell No: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

Circuit Clerk: _____ Gender: _____ Cell No: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

County Administrator: _____ Gender: _____ Cell No: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

Board Attorney: _____ Gender: _____ Cell No: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

County Engineer: _____ Gender: _____ Cell No: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

Road Manager: _____ Gender: _____ Cell No: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

County Name: _____ Date: _____

Sheriff: _____ Gender: _____ Cell No: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

Tax Assessor: _____ Gender: _____ Cell No: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

Tax Collector: _____ Gender: _____ Cell No: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

Board Secretary: _____ Gender: _____ Cell No: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

Comptroller: _____ Gender: _____ Cell No: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

Purchase Clerk: _____ Gender: _____ Cell No: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

Do you have other employees you want to publish in the Directory? If yes, complete and return the next page. If no other individuals should be listed in the Directory, leave that page blank.

County Name: _____ Date: _____

ADDITIONAL EMPLOYEES TO BE PUBLISHED

Other: _____ Gender: _____ Cell No: _____

Title: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

Other: _____ Gender: _____ Cell No: _____

Title: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

Other: _____ Gender: _____ Cell No: _____

Title: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

Other: _____ Gender: _____ Cell No: _____

Title: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No

Other: _____ Gender: _____ Cell No: _____

Title: _____

Email*: _____ Work No: _____

Mailing Address: _____ Fax No: _____

City: _____ Zip: _____ Publish Cell: ☐ Yes ☐ No