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REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS

(Please Print or Type)

TODAY'S DATE: _____ **PHONE:** _____

PERSON REQUESTING: _____ **FAX:** _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

NAME OF BUSINESS (If Applicable): _____

If Attorney/Insurance Co. Making Request, Client's Name: _____

SUBJECT MATTER:

(Any request shall be clear and concise and shall be directed toward only one subject matter)

MANNER OF COMPLIANCE: Personally Inspect
 Personally Copy
 Photocopy of Document

MANNER OF DELIVERY: By Mail to Address Above
 To Pick Up In Person
 Fax if Possible
 Email if Possible

For further information regarding this form and the City's Public Records Policy, please see the following code Sections: Chapter 2, Article IX. Public Records, Code of Ordinances of the City of Biloxi, and Section 25-61-1 et. seq. of the Mississippi Code of 1972, as amended. A copy of these Code Sections is available for review upon request.

I understand that the actual cost of compliance with my request, if granted, shall be borne by me, including mailing cost if applicable. Actual cost of compliance with my request, if granted shall be paid by me in advance of the receipt of any information.

SIGN HERE

SIGNATURE OF PERSON REQUESTING RECORDS

DO NOT WRITE BELOW THIS LINE

REQUEST IS DIRECTED TO: Municipal Clerk/Deputy Municipal Clerk - City Hall, Second Floor

ESTIMATE OF COST: Copies _____ @ .35¢ each = \$ _____
Research _____ @ \$5.00 each = \$ _____
Computer Time _____ @ \$50.00/hour = \$ _____
Accident Report* _____ @ \$15.00 each = \$ _____
Other Cost _____ = \$ _____
Total Estimate _____ \$ _____

*Include an Affidavit of Authorized Person if requesting an accident report

Receipt # _____ Total Amount Paid \$ _____

REQUEST APPROVED: _____ **REQUEST DENIED:** _____

SIGNATURE: _____ **DATE:** _____
Municipal Clerk/Deputy Municipal Clerk

DATE OF COMPLIANCE: _____ **DEPARTMENT:** _____