



140 Lameuse Street  
P. O. Box 429  
Biloxi, MS 39533  
Office: 228.435.6254  
Fax: 228.435.6129  
Email: publicrecords@biloxi.ms.us  
www.biloxi.ms.us

## 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.

*Guri Petrini*

**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: \_\_\_\_\_