



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:	<input type="checkbox"/> Personally Inspect <input type="checkbox"/> Personally Copy <input type="checkbox"/> Photocopy of Document
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MANNER OF DELIVERY:	<input type="checkbox"/> By Mail to Address Above <input type="checkbox"/> To Pick Up In Person <input type="checkbox"/> Fax if Possible <input type="checkbox"/> Email if Possible
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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.



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: _____