



City of Biloxi  
 P. O. Box 429  
 Biloxi, Mississippi 39533  
 (228)435-6254  
 (228)435-6129 (fax)



**REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS**

(Please Print or Type)

TODAY'S DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSON REQUESTING: \_\_\_\_\_ FAX: \_\_\_\_\_

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

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

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**

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

<b>ESTIMATE OF COST:</b>	Copies	@ \$ .35 each	=	_____
	Research	@ \$ 5.00 each	=	_____
	Computer Time	@ \$ 50.00/hour	=	_____
	Other Cost		=	_____
	Total Estimate		=	_____
	Receipt # _____	Amount Paid		_____

REQUEST APPROVED: \_\_\_\_\_ REQUEST DENIED: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
 MUNICIPAL CLERK/DEPUTY MUNICIPAL CLERK

DATE OF COMPLIANCE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_