



Mayor-Council Form of Government

City of Gulfport Records Request Form

Request Date: _____

All records requests are to be directed to:

City Clerk
 P. O. Box 1780
 Gulfport, MS 39502
 Fax: Kourtney Wells – (228)868-0323
 Email: RecordsRequest@gulfport-ms.gov

Person/Business making request:			
Address:			
Telephone Number:			
Email Address:			
<i>All requests must be clear and concise & shall be directed toward only one subject matter per request.</i>			
Case #/Subject Matter:			
For Court/Police Records	Subject's Date of Birth:	Subject's Last 4 digits of SSN:	
Manner of Compliance			
<input type="checkbox"/>	Personally copy		
<input type="checkbox"/>	Personally inspect only		
<input type="checkbox"/>	Copies to be provided		
Manner of Delivery			
<input type="checkbox"/>	By mail to the address listed above		
<input type="checkbox"/>	In person at the office of the request that has been submitted		
Fee Schedule			
Per Page	\$.25	GIS Map	\$15.00
Postage (per stamp)	\$.47	Data burned onto DVD	\$15.00
Copy time charge (per hour)	\$8.00	Research time for locating historical records	\$17.50
Actual cost of compliance of request, if granted, shall paid in advance of receipt of information Payments can be made payable by check, money order or cash. No credit/debit cards are accepted			

I have read and understand the published statements entitled Policy and Procedure "Mississippi Public Records Act of 1983" and I further understand that the actual cost of compliance with my request, if granted, shall be borne by me, including mailing costs if applicable.

YOUR SIGNATURE IS REQUIRED, AS THIS SERVES AS YOUR ACKNOWLEDGEMENT AND AGREEMENT TO ALL OF THE TERMS AND CONDITIONS NOTED ABOVE. YOUR REQUEST CANNOT BE PROCESSED WITHOUT A SIGNATURE.

Signature of requesting party: _____

Request granted by: _____ -City Clerk/ Deputy City Clerk