



GULFPORT MUNICIPAL COURT
REQUEST FOR M.A.S.E.P. or VIP ORDER

Date _____

Name: _____

Address: _____

Phone Number(s): _____

Case | Docket | Citation #: _____

Please select the form(s) you are requesting: _____ MASEP FORM _____ VIP FORM

Payment of **\$5.00 fee per form** is required. You may include a self addressed stamped envelope or include **\$2 fee for postage and handling** with your request form fee if you would like the form(s) mailed. **These fees are not refundable.**

Signature: _____

The Court can accept cash, credit/debit cards, or personal checks, money orders or cashiers' checks all made payable to **City of Gulfport**. If you would like to pay online or by phone with a credit/debit card, please call the Court for further assistance at 228-868-5855 or 228-214-2315.

The Court must receive payment of the applicable fees with this form in order to complete the request.

Mailing address: Gulfport Municipal Court, 2218 15th Street, Gulfport, MS 39501

Phone: 228-868-5855 | Fax: 228-214-2317
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