



Mayor-Council Form of Government

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| Date Completed: _____ |
| Completed by: _____ |
| Receipt #: _____ |
| Payment Method: _____ |
| Amount Paid: _____ |

City of Gulfport Public Records Request Form

Request Date: _____

All records requests are to be directed to:

City Clerk / Records Manager

P. O. Box 1780

Gulfport, MS 39502

Fax: (228)868-0323

Email: RecordsRequest@gulfport-ms.gov

Requesting records from the following departments: *(Check all that apply.)*

- | | | |
|------------------------------------------|-------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> City Clerk | <input type="checkbox"/> Information Tech / GIS | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> City Council | <input type="checkbox"/> Leisure Services | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Mayor/ CAO | <input type="checkbox"/> Urban Development |
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Utility Billing |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Police Department | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------|-----------------|
| 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 SSN: | |
| Manner of Compliance | | | |
| <input type="checkbox"/> | Personally inspect only | | |
| <input type="checkbox"/> | Electronic Copies to be provided | | |
| <input type="checkbox"/> | Physical copies to be provided | | |
| Manner of Delivery | | | |
| <input type="checkbox"/> | By mail to the address listed above | | |
| <input type="checkbox"/> | Email or Fax | | |
| <input type="checkbox"/> | In person at the office of the request that has been submitted | | |
| Fee Schedule | | | |
| Per Page | \$.25 | GIS Map (11" x 17") | \$10.00 |
| Postage (per stamp) | Current Rate | GIS Map (36" x 48" / 24" x 36") | \$15.00 |
| Research, copy and/ or scan time (per hour) | \$17.50 | Data burned onto DVD | \$15.00 per DVD |
| Actual cost of compliance of request, if granted, shall be paid in advance of receipt of information. Please note research and production time will be based upon the hourly rate of the lowest qualified respondent to your request. Payments can be made payable by check, money order, credit/debit cards or cash. | | | |
| 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 received by: _____ - City Clerk | Deputy City Clerk | Police Records Clerk