



Receipt #:	_____
Amount Paid:	_____
Method of Payment:	_____
Records Clerk:	_____

### Records Request Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

(PLEASE PRINT YOUR NAME)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Case Number of Report you are Requesting : \_\_\_\_\_

Any requests shall be clear and concise and shall be directed toward only one subject matter.

- Manner of Compliance:
- Personally Inspect
  - Personal Copy
  - Cause to be copied

Actual Cost of Compliance with my request, if granted, shall be paid by me in advance of the receipt of any information.

- Manner of Delivery:
- By Mail to the address above
  - In person at your office

**Fees:**

<b>\$3.00</b>	<b>Minor Incident Reports up to three(3) pages (\$0.25 per page for each additional page)</b>	<b>\$15.00</b>	<b>Background Checks</b>
<b>\$5.50</b>	<b>Report Beam Accidents up to Six(6) pages (\$0.25 per page for each additional page)</b>	<b>\$15.00</b>	<b>Fingerprints (Set of 2 Cards)</b>
<b>Extra Copy of Report \$0.25 Per Page</b>			

Signature of Requesting Party : \_\_\_\_\_

Request granted by: \_\_\_\_\_  
Records Clerk

Requests are directed to:  
Records Clerk  
P.O. Box S  
Gulfport, MS 39502