

**CITY OF GULFPORT, MISSISSIPPI**

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

NAME OF CLERK INITIATING REQUEST:	
RETURN FORM TO:	
DATE REQUEST MADE:	
PERSON REQUESTING:	
ADDRESS:	
TELEPHONE NUMBER:	(    )
*SUBJECT MATTER - BE EXPLICIT, INCLUDING DATE OF BIRTH:	
**MANNER OF COMPLIANCE:	<input type="radio"/> Personally Inspect <input type="radio"/> Personally Copy <input type="radio"/> Cause to be copied
MANNER OF DELIVERY:	<input type="radio"/> By mail to the address above <input type="radio"/> In person at your office

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

\* Any request shall be clear and concise and shall be directed toward only one subject matter.

\*\* Actual costs of compliance with my request, if granted, shall be paid by me in advance of the receipt of any information.

Signature of Requesting Party:	
Request is directed to:	City Clerk City Hall Building P.O. Box 1780 Gulfport, MS 39502
Request granted by:	