



MUNICIPAL COURT

M.A.S.E.P. or VIP ORDER/ REQUEST FORM

Date _____ (*allow three (3) to seven (7) business days to complete request*)

Name of Requestor: _____

Address of Requester: _____

Contact Number(s): _____

Case #, Name of Defendant: _____

_____ Manner of Delivery: _____

Please be advised that a fee of **\$2.50 per form** will be assessed including **standard first class postage**, if you wish for the form(s) to be mailed. You may include a self addressed stamped envelope or include the cost of postage with your request form fee.

Signature of Requesting party: _____

The Clerk of Court can accept personal checks, money orders or cashiers' checks all made payable to **City of Gulfport**. You may contact the Clerk for a credit card authorization form if you wish to pay by credit card. In person, we will accept any of the above as well as cash.

The Clerk must receive payment of the applicable fee with this form in order to complete the request. Our address is 2218 15th Street, Gulfport, MS 39501.

Hours of Operation 8:00 am – 5:00 pm (CST) – Phone: 228-868-5855/Fax 228-868-5744