



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

City of Gulfport Public Records Request Form

Request Date: _____

Date Signed Request Received by City Clerk: _____

All records requests are to be directed to:

City Clerk

Mailing Address:

P. O. Box 1780
Gulfport, MS 39502

Email: RecordsRequest@gulfport-ms.gov

Physical Address:

1410 24th Ave
Gulfport, MS 39501

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

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

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>			
Record(s) Requested:			
For Court/Police Records	Subject's Date of Birth:	Subject's SSN:	Police/Court Case #
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		
<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 am aware of the fact that requests for public records are governed by the Mississippi Public Records Act of 1983 and the City's Code of Ordinances, 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