



140 Lameuse Street  
P. O. Box 429  
Biloxi, MS 39533  
Office: 228.435.6254  
Fax: 228.435.6129  
Email: publicrecords@biloxi.ms.us  
www.biloxi.ms.us

## REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS

(Please Print or Type)

TODAY'S DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSON REQUESTING: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NAME OF BUSINESS (If Applicable): \_\_\_\_\_

If Attorney/Insurance Co. Making Request, Client's Name: \_\_\_\_\_

**SUBJECT MATTER:**

(Any request shall be clear and concise and shall be directed toward only one subject matter)

**MANNER OF COMPLIANCE:**  
 Personally Inspect  
 Personally Copy  
 Photocopy of Document

**MANNER OF DELIVERY:**  
 By Mail to Address Above  
 To Pick Up In Person  
 Fax if Possible  
 Email if Possible

For further information regarding this form and the City's Public Records Policy, please see the following code Sections: Chapter 2, Article IX. Public Records, Code of Ordinances of the City of Biloxi, and Section 25-61-1 et. seq. of the Mississippi Code of 1972, as amended. A copy of these Code Sections is available for review upon request.

I understand that the actual cost of compliance with my request, if granted, shall be borne by me, including mailing cost if applicable. Actual cost of compliance with my request, if granted shall be paid by me in advance of the receipt of any information.

*Rg*

For Katie Ryan



SIGNATURE OF PERSON REQUESTING RECORDS

**DO NOT WRITE BELOW THIS LINE**

REQUEST IS DIRECTED TO: Municipal Clerk/Deputy Municipal Clerk - City Hall, Second Floor

**ESTIMATE OF COST:**  
Copies \_\_\_\_\_ @ .35¢ each = \$ \_\_\_\_\_  
Research \_\_\_\_\_ @ \$5.00 each = \$ \_\_\_\_\_  
Computer Time \_\_\_\_\_ @ \$50.00/hour = \$ \_\_\_\_\_  
Accident Report\* \_\_\_\_\_ @ \$15.00 each = \$ \_\_\_\_\_  
Other Cost \_\_\_\_\_ = \$ \_\_\_\_\_  
Total Estimate \$ \_\_\_\_\_

\*Include an Affidavit of Authorized Person if requesting an accident report

Receipt # \_\_\_\_\_ Total Amount Paid \$ \_\_\_\_\_

REQUEST APPROVED: \_\_\_\_\_ REQUEST DENIED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Municipal Clerk/Deputy Municipal Clerk

DATE OF COMPLIANCE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

To Whom It May Concern:

Pursuant to the Mississippi Public Records Act, I hereby request the following records:

All current policies maintained by the department regarding use of force.

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 7 business days, as the statute requires.

Sincerely,

Katie Ryan