



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 Blake Feldman

SIGN HERE

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 policies, practices, procedures, rules, or orders concerning the 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,

Blake Feldman