



140 Lameuse Street
 P. O. Box 429
 Biloxi, MS 39533
 Office: 228.435.6254
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 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:	<input type="checkbox"/> Personally Inspect
	<input type="checkbox"/> Personally Copy
	<input type="checkbox"/> Photocopy of Document

MANNER OF DELIVERY:	<input type="checkbox"/> By Mail to Address Above
	<input type="checkbox"/> To Pick Up In Person
	<input type="checkbox"/> Fax if Possible
	<input type="checkbox"/> 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 Samuel Sinyangwe



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:

1. the total number of use of force incidents reported from 2017-2022, separated by year.
2. the total number of use of force incidents, separated by type of force and year, from 2017-2022 (for example, information that specifies the number of taser incidents in 2022, baton incidents in 2022, taser incidents in 2021, baton incidents in 2021, etc.)
3. the total number of civilian complaints against law enforcement that were reported and the total number sustained from 2017-2022, separated by year.
4. the total number of civilian complaints alleging law enforcement use of excessive force that were reported and the total number sustained from 2017-2022, separated by year.
5. the total number of civilian complaints alleging biased policing or racial profiling that were reported and the total number sustained from 2017-2022, separated by year.
6. the total number of civilian complaints alleging criminal conduct that were reported and the total number sustained from 2017-2022, separated by year.
7. the total number of officer-involved shootings from 2017-2022, both fatal and non-fatal, separated by year.
8. the total number of people who police used force against in 2022, broken down by race/ethnicity.

When available, I would appreciate being sent individualized data in this request in spreadsheet format. If individualized data are unavailable, please send information that includes aggregate statistics for the item instead.

Note that my requests for civilian complaints are specifically for civilian complaints, please do not include complaints filed by one officer/the department against another officer.

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,

Samuel Sinyangwe