



REQUEST FOR PUBLIC RECORDS

Request Date: _____

All records requests are to be directed to:

Mississippi Gulf Coast Regional Convention and
Visitors Bureau d/b/a Coastal Mississippi
2350 Beach Boulevard, Suite A
Biloxi, Mississippi 39531

Email: duncan@coastalmississippi.com

Person/Business making request:			
Address:			
Telephone Number:			
Email Address:			
If Attorney/Insurance Co. Making Request, Client's Name:			
<i>All requests must be clear and concise & shall be directed toward only one subject matter per request.</i>			
Case #/Subject Matter:			
Manner of Compliance			
<input type="checkbox"/>	Personally inspect only (appointment required)		
<input type="checkbox"/>	Copies to be provided		
Manner of Delivery			
<input type="checkbox"/>	By mail to the address listed above		
<input type="checkbox"/>	By email to the email address listed above (if readily capable of being emailed)		
<input type="checkbox"/>	In-person pickup at the Coastal Mississippi address above		
Fee Schedule			
Per Page	\$ 0.25		
Postage (per ounce)	\$ 0.69 +/- (per ounce)	Data burned onto DVD or thumb drive	\$15.00
Copy time charge (per hour)	\$15.00	Research time for locating historical records	\$17.50
Actual cost of compliance of request, if granted, shall be paid in advance of receipt of information. Payments can be made payable by check, money order, or cash. No credit/debit cards are accepted.			

I have read and understand the published statements entitled Policy and Procedure "Mississippi Public Records Act of 1983," Section 25-61-1 of the Mississippi Code of 1972, as amended, 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: _____