



PUBLIC RECORDS REQUEST FORM

Requests are filled in the order they are received, in accordance with the provisions of chapter 119, Florida Statutes.

(*Contact information although optional, is requested in order to be able to communicate to you that the documents are ready for review.)

Date: _____
*Name: _____ *Phone: _____
*Address: _____ *Fax: _____
_____ *e-mail: _____

DETAILED DESCRIPTION OF DOCUMENTS BEING REQUESTED:

A. Type of Records: _____

If requesting blue prints or building files, list Plat: _____ Block: _____ Lot: _____

B. Specific Documents Requested: _____

C. Specific Date or Time Period Records pertain to: _____

PLEASE NOTE: If the nature of volume of the public records request is such as to require extensive use of information technology resources and/or extensive clerical or supervisory assistance when processing the request, the Town will charge, in addition to the actual cost of duplication, a special service fee, which may be collected as authorized by Chapter 119.07, Florida Statutes.

FOR OFFICE USE ONLY

PRR Received by: _____

Copy Outsourced? Yes No

If yes, Date sent: _____

Date Completed: _____

Requestor Notified on: _____

PROCESSING FEES:

No. Copies: _____

8 ½ x 11 Copy Fee @ .15/ea _____

Blue Print Copy Fee @ \$50 for up to 7 pages

Additional pages \$8.00 /ea _____

Research Fee: _____

TOTAL CHARGE: _____

Payment Type: _____ Cash _____ Check

Receipt # _____