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: ____________________
*Email: ____________________

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 # ____________________