



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. _____
Building Department Fees: _____
Research Fees: _____
TOTAL CHARGES: _____
Payment Type: ___ Cash ___ Check ___ CC
Receipt # _____