**RECORDS REQUEST FORM**

Please consider using this process to help facilitate your request. You do not have to give your name or explain why you are making a request. You are not required to submit a request for public records in writing. If you have any questions or concerns, please contact the office at (239) 657 2111.

First Name Last Name Telephone Date

**Procedures for Requesting Records**

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| --- | --- |
| **Duplication of Records:** The City shall collect the actualcost for reproducing records consistent with Chapter 119,Florida Statutes. | **Reproduction Fees:** A schedule of fees for duplication of public records has been establishedand published for your convenience. **Basic fees:**1 sided letter = $.15 per sheet2 sided letter= $.20 per sheetCertified Copies = $1.00 per sheetLabor cost of the personnel providing the service. |

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| **Request For:** |

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| **Payment of $:** | **Research Time Hours** | **$**  |
| **Cash or Check # :** | **Microfilm Copies @$.25 ea.** | **$** |
| **Receipt Number:** | **Photocopies @$.15ea.** | **$** |
| **Date:**  | **Other:**  | **$** |
| **Received by:** | **Total:** | **$** |