911 WALLACE CT.
LAKE MARY, FL. 32746
407-585-1362
FAX 407-585-1346

PUBLIC RECORDS REQUEST

Florida Constitution, Article I, Section 24(a)
"Every person has the right to inspect a copy of any public record made or received in connection with the official business of any public body"

Florida Statute 119.011
"Public Records means all documents, papers, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business of any agency."

Florida Statute 119.07
"Every person who has custody of a public record shall permit the record to be inspected and examined by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record or the custodian's designee."

LOCATION ADDRESS:_____ DATE:_____ TIME:_____

The following Public Records are requested: (choose one) VIEW_____ COPY_____

I request to obtain the following: PLANS_____ PERMIT_____ ALL DOCUMENTS_____OTHER_____

LIST RECORD(S) TO BE COPIED BELOW: (Please be specific)

_____

_____

_____

_____

PLEASE NOTE: If this request requires extensive use of information technology resources or extensive clerical or supervisory assistance of the city, the actual cost of duplication and a special service charge as defined in Chapter 119.07 of the Florida Statutes will be imposed. (City of Lake Mary Ordinance No. 832, Adopted 03/20/1997)

If you are making this request other than in person and your request will incur service charge fees (see below) , the estimated fee will be calculated and the request will be held for your approval and deposit. If you have given us a contact number, we will call (or mail) the estimate to you. You are not required to provide a contact number. If you have not given us a contact method and fees will be incurred beyond copy costs, or questions arise, your request will be held until you contact us. Copy charges must be paid before copies will be released.

If you wish to be notified when your copies are ready or if any questions arise concerning your request; please provide us with a contact name and number. REQUESTERS INFORMATION:_____

_____

_____

Departmental Use Only

Request received by:_____Date/Time:_____

Cost of copies (@ $.15 per page): $_____Plans: $_____

Other costs: _____: $_____

Total Costs: $_____