



REQUEST FOR PUBLIC DOCUMENTS

Date: _____

Document/File Requested or description of request:

(Information NOT Mandatory)

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Charge for audio tape copy is \$5.00 each and diskette copy is \$2.00 each.

F.S. 119.07. The Custodian shall furnish a copy or a certified copy of the record upon payment of the fee, as follows:

For duplicated copies of not more than 14 inches by 8 ½ inches, 15 cents per one-sided copy, and for all other copies, upon payment of the actual cost of duplication of the record. An agency may charge an additional 5 cents for each two-sided duplicated copy. A certified copy of a public record shall cost an additional \$1.00 per page.

The phrase "actual cost of duplication" means the cost of the material and supplies used to duplicate the record, but it does not include the labor cost or overhead cost associated with such duplication. If the custodian determines an excessive amount of time is involved in duplicating the requested information, an additional charge may be **assessed**.

Request Received By:	Date Sent:
Date Received:	City Clerk (Mandatory)
Time Received:	Department (Specify which)