



CITY OF GREENACRES - Public Records Request

5800 Melaleuca Lane • Greenacres • Florida 33463
Ph: 561-642-2006 • Fax: 561-642-2004 • Email: groupadm@ci.greenacres.fl.us

Request Made By:

Name/Company: _____ Date: _____
(Please Print)

Address: _____

City, State, Zip: _____

Ph: _____ Fax: _____ Email: _____

City's Records Request Policies:

Review of specific records can be done without charge unless the nature or volume of the material requested requires extensive clerical or supervisory assistance. If extensive assistance is necessary, there will be a special service charge. Inspection of records can be requested by making an appointment.

Pursuant to Chapter 119, F.S., a request for copies of records shall be furnished upon payment of the fee prescribed by law. There will be a service fee charged (*employee labor cost*) for any searching and copying of documents that extends beyond fifteen (15) minutes connected to fulfilling your public records request.

Type of Record Request/Fees:

Please select the type of medium for your public record's request:

- Hard Copy **up to** 11" x 17" (\$.15 per page/one-sided copy)
- Hard Copy **up to** 11" x 17" (\$.20 per page/two-sided copy)
- Hard Copy 24"x 36" (\$4-B&W or \$40-Color per page)
- Hard Copy 36"x 42" (\$8-B&W or \$80-Color per page)
- Certification of documents (\$1.00 per copy)
- CD (\$1.00 per CD)
- Email:
- Other: _____

For all other copies, the cost will be the actual cost of duplication of the public record.

Request Description: (*i.e. Ordinance/Resolution No., Council/Board Minutes, Personnel Records, etc.*)

Signature of Requester: _____

Official Use Only:

Department(s) to Compile Request: _____

Date Compiled: _____ Completed By: _____

Date forwarded to City Clerk (*if applicable*): _____

Records Produced/Comments: _____

- Date Copies were mailed **OR** date
- Requester notified to pick up records: _____ Notified by: _____

Public Records Request Fees:

Number of Copies: _____

Cost of Duplication: _____

Postage (*if applicable*): _____

TOTAL COST: \$ _____

Make check payable to the City of Greenacres.

RECORDS RELEASED BY: _____

DATE: _____

RECORDS RELEASED TO: _____