



Village of Biscayne Park  
640 NE 114th Street Biscayne Park, FL 33161

*This form is VOLUNTARY and not required. You are not required to provide your name or a reason for the request. The form serves to only facilitate the request.*

**PUBLIC RECORDS REQUEST**  
(Florida Statute 119.07)

DATE OF REQUEST

- REQUEST TO VIEW PUBLIC RECORDS
- REQUEST TO OBTAIN COPIES OF PUBLIC RECORDS

PRINT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: (        ) \_\_\_\_\_  
FAX: (        ) \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

**INFORMATION REQUESTED: (Please refer to schedule of charges below):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Florida Statute, 119.07 - Inspection and copying of records; photographing public records; fees; exemptions**  
*(4)(a)1.(d) "If the nature or volume of public records requested to be inspected, or copied pursuant to this subsection is such as to require extensive use of information technology resources or extensive clerical or supervisory assistance by personnel of the agency involved, or both, the agency may charge, in addition to the actual cost of duplication, a special service charge, which shall be reasonable and shall be based on the cost incurred for such extensive use of information technology resources or the labor cost of the personnel providing the service that is actually incurred by the agency or attributable to the agency for the clerical and supervisory assistance required, or both".*

NUMBER OF ONE SIDED COPIES:	<input type="text"/>	@ \$0.15 ea.	=	\$
NUMBER OF TWO SIDED COPIES:	<input type="text"/>	@ \$0.20 ea.	=	\$
DVD OR CD:	<input type="text"/>	@ \$2.00 ea.	=	\$
VIDEO TAPE:	<input type="text"/>	@ \$10.00 ea.	=	\$
CERTIFIED COPIES:	<input type="text"/>	@ \$1.00 ea.	=	\$
Electronic Copy Sent by E-Mail:	<input type="text"/>	No Charge	=	\$ .00

*Review of original copies of records requires staff supervision during the time of review and will be charged at the hourly wage of the employee performing the service if more than fifteen (15) minutes of staff time is required.*

**TOTAL COST:**

**NOTE: PAYMENT MUST BE MADE IN ADVANCE BEFORE TIME AND MATERIALS ARE EXPENDED**

I have received the above described Public Records Request on:  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_

Public Records Request Form 2010.xls Print Name: \_\_\_\_\_