

# BAL HARBOUR

- V I L L A G E -

## PUBLIC RECORDS REQUEST FORM

Pursuant to Section 119.07, Florida Statutes, the below identified person hereby request to **Inspect**  or **Receive a Copy**  (mark "X" as applicable) of the following records:

**Date of Request:** \_\_\_\_\_

**Type of Record(s):** \_\_\_\_\_

**Details:**

**Time Period For Record(s):** \_\_\_\_\_

### REQUESTOR CONTACT INFORMATION

It is **NOT** required that the Village Clerk obtain the name address, telephone number, or other personal information from the person making the request, and such person may decline to provide such information. In the event that the person making the request for public records declines to provide a written request, a written request shall not be required, and instead the Village Clerk shall complete this form, in order to document the request and the Village's compliance.

**Name of Requestor:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fax#:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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**Request Received By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SECTION TO BE COMPLETED BY VILLAGE STAFF**

Request Assigned to: \_\_\_\_\_

Date Assigned: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Extensive Request:  NO  YES IF **NO**, PLEASE SKIP TO REVIEW AND APPROVAL SECTION.  
IF **YES**, PLEASE FILL OUT EXTENSIVE RESEARCH LOG.

**EXTENSIVE RESEARCH REQUEST LOG**

DATE(S) OF RESEARCH:	HOURLY RATE:	TOTAL HOURS/MINUTES:	TOTAL AMOUNT PER DAY:

DUPLICATING COSTS (COPIES, CD) TOTAL: \_\_\_\_\_

NOTES: \_\_\_\_\_

GRAND TOTAL DUE: \_\_\_\_\_

DATE PAID: \_\_\_\_\_ Payment Method/Info: \_\_\_\_\_

**REVIEWED AND APPROVED BY:**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Village Clerk Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dwight S. Danie