

PUBLIC RECORDS REQUEST

TO: City Clerk
City of Sanford
Post Office Box 1788
Sanford, FL 32772-1788

Telephone: (407) 688-5010
FAX: (407) 688-5011

The following Public Records are requested: (select one) View _____ or Copy _____

(Please indicate if certification is required: Yes or No)

I agree to pay the City of Sanford the applicable fee(s) prior to the receipt of the work requested.

Signature

Name (please print)

Date

Street address

City, State, ZIP

Daytime telephone number

NOTE: You are NOT required to submit a request in writing. Verbal or anonymous requests are honored as well. This form is intended to facilitate records requests and to assist the City in identifying miscellaneous revenue.

Unless otherwise indicated, records will be sent to the name and address provided above following receipt of the estimated cost of \$_____ (See below). Please make your check payable to City of Sanford and mail it to the City Clerk's office at the address above. We will call when the copies are ready to be picked up.

| | | | |
|----------------|-------|----------------------------------|-------|
| Cost estimate: | _____ | one-sided copies @ \$0.15 each = | _____ |
| | _____ | two-sided copies @ \$0.20 each = | _____ |
| | _____ | oversize copies @ actual cost = | _____ |
| | _____ | audio tapes @ actual cost = | _____ |
| | _____ | CD's @ actual cost = | _____ |
| | | Service charge, if any | _____ |
| | | Total estimated cost: | _____ |

Total estimated cost/estimator's initials: \$ _____ / _____

Actual cost: _____ Additional payment due: _____ Refund due: _____

Applicant called: _____ Person receiving copy work: _____ Date: _____