



CITY OF WEST PARK PUBLIC RECORDS REQUEST FORM

Name _____
Company _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Facsimile _____
Email _____

NAMES, TITLES, DATES OF RECORD(S) REQUESTED:

***NOTIFICATION WILL BE MADE BY PHONE, FACSIMILE OR EMAIL
WHEN RECORDS ARE READY FOR PICKUP.***

OFFICE USE ONLY:

Request Completed By: _____
Date Completed: _____

FEES (Photocopying and Duplication of Records):

Single Sided Copy	\$1.00 per page
Double Sided Copy	\$1.20 per page
Certified Copies	\$2.00 per page
Copies of Documents (11x17, B&W)	\$2.00 per page
Copies of Documents (11x17, Color)	\$2.50 per page
Compact Disk	\$8.00 per disk
Extensive Clerical, Information Technology or Supervisory Assistance	\$2.50 per quarter hour

Paid By: _____
Cash Check Money Order Other

Checks and money orders should be made payable to the "City of West Park". If copies are requested by mail, a self-addressed, stamped envelope is required.

*These fees are established according to Florida State Statutes Chapter 119.
Revised 2011

**City of West Park, 1965 S. State Road 7, West Park, Florida 33023
(954) 989 2688 Office / (954) 989 2684 Facsimile; www.cityofwestpark.org**