



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:

FEES (Photocopying and Duplication of Records – Pre-Paid):

- Single Sided Copy \$1.00 per page (x ___ pages) = \$ _____
- Double Sided Copy \$1.20 per page (x ___ pages) = \$ _____
- Certified Copies \$2.00 per page (x ___ pages) = \$ _____
- Copies of Documents (11x17, B&W) \$2.00 per page (x ___ pages) = \$ _____
- Copies of Documents (11x17, Color) \$2.50 per page (x ___ pages) = \$ _____
- Compact Disk \$8.00 per disk (x ___ disks) = \$ _____
- Total Price For This Request _____

SPECIAL SERVICE CHARGE: PER F.S. 119.07(4)(d)

- Labor Cost of Personnel Providing Service: _____ (hours) @ \$ _____ per hour

PAID BY: Check Money Order Credit Card

**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.**

NOTIFICATION WILL BE MADE BY PHONE, FAX OR EMAIL WHEN RECORDS ARE READY.

OFFICE USE ONLY:

Request Completed By: _____ Date Completed: _____