



## TOWN OF MIAMI LAKES

### PUBLIC RECORDS REQUEST FORM

NAME: \_\_\_\_\_  
(Optional)\*

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Optional)\*

TIME: \_\_\_\_\_

\_\_\_\_\_  
(Optional)\*

PHONE: \_\_\_\_\_  
Optional)\*

Organization: \_\_\_\_\_  
(Optional)\*

In accordance with Chapter 119, F.S., a fee of \$.15 per copy will be charged for duplicating records. This fee shall be paid in advance of our duplicating the records.

**Please describe in detail the documents being requested:**

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The documents requested will be provided as quickly as possible. If there will be a delay of more than 48 hours in providing these documents, you will be notified at the telephone number listed above.

No. of copies: \_\_\_\_\_ @ \$.15 ea \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Documents  
Received by: \_\_\_\_\_  
Printed name: \_\_\_\_\_ Signature

*\*Optional information is not required; however, the information is essential to us in communicating with you regarding the status of your request.*

**For office use only: PRR Processed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_**