

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

I hereby request _____ copy/copies of the following public records: _____

(Please indicate if certification is required.)

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

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.

Records custodian: _____

Cost estimate:	_____	one-side copies @ \$0.15 each	= _____
	_____	two-side 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: _____