

REQUEST FOR PUBLIC RECORDS

Please send all public records requests to: Public Records Request, 825 Ohio Avenue, Lynn Haven, FL 32444. You may also email this form to: publicrecordsrequest@cityoflynnhaven.com.

We will make every effort to fulfill your request in a reasonable amount of time, pursuant to **Ch. 119, F.S.** There may be charges related to your request. Please read the information below.

1. If the information you are requesting is readily available in digital form and does not require any additional time from a department or staff member, there will be no charge. This can only be determined when your request is submitted to the appropriate staff member or department for review and action.
2. **Section 119.07(1)(b), F.S.**, provides that an agency may charge for the actual labor cost involved in responding to a public records request that involves "extensive" use of personnel. If your request requires extensive use of clerical or supervisory labor, or extensive use of IT resources, copying, scanning, assembling, redacting (if required) researching, or reviewing for exemptions, the city will charge for the amount of time and labor involved in your request. An invoice will be sent to you with the cost of the request. Payment must be received before your request is fulfilled. If no document exists, the city will communicate to you that "no document exists."

14" x 8-1/2" or less – one sided:	\$ 0.15 cents per page
14" x 8-1/2" or less – two sided:	\$ 0.20 cents per page
USB/Thumb drive	\$7-\$15 depending on size required.
Cost if requested Certified copies:	\$1.00 per copy plus duplication fee.

Please provide the following information:

REQUEST DATE: _____

ADDRESS TO BE MAILED/EMAILED TO: _____

TELEPHONE NUMBER: _____

DATE OF RECORD: _____

ADDITIONAL INFORMATION: _____

- **Please note that public records are resources for the public to gather documentation not a forum to ask and answer questions. Specific documents requested will be provided in accordance with chapter 119, FL Statutes.**

NUMBER OF COPIES REQUESTED: _____ TOTAL LABOR COST: _____

TOTAL COST: \$ _____