



TOWN OF LOXAHATCHEE GROVES
PUBLIC RECORDS REQUEST FORM

Information is optional but will assist us in communicating with you regarding the status of your request.

Date: _____ Name: _____ Email: _____

Address: _____ Phone No: _____

Requested Record (Be specific):

Which item or items you are requesting (please check):

_____ Inspection of Records _____ Paper Copies of Records _____ Electronic copy of record

RECORDS FEE SCHEDULE

8 ½ X 11 one-sided copy.....	0.15
8 ½ x 14 one-sided copy.....	0.15
11 x 17 one-sided copy.....	0.15
Two-sided copies.....	0.20
Certified copy.....	1.00
Color copies.....	0.20
Color photographs.....	2.00
CD's and DVD's.....	1.00
Thumb Drives.....	10.00

Records Provided:

Fee:

Payment Received & Date:

*****PLEASE NOTE*****

Records requested to be inspected, examined, or copied pursuant to Florida Statute 119.07(1) requiring extensive use of information technology resources or extensive clerical or supervisory assistance by City personnel **will be charged, in addition to the actual cost of duplication, the actual cost of the personnel providing the service.**