



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:

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:

Agencies may also collect a reasonable service charge, in addition to actual cost fees, when a request for public records requires the extensive use of information technology resources and/or clerical or supervisory assistance.