



Jennifer A. Evelyn, City Clerk

cityclerk@floridacityfl.gov

**PUBLIC RECORDS REQUEST FORM**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

*Costs: \$0.15/page – first 50 pages and \$0.10/page 51 + pages  
Lien Requests: \$65.00 per folio number- 5 business days  
\$85.00 per folio number - 2 business days*

**Request for Review or Copies of the following Public Record (s)**  
Please specify: **Ordinance Resolution Minutes Lien Request Other**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*ADMINISTRATIVE USE ONLY\*\*\*\*\***

Office of the City Clerk: Date Request Received: \_\_\_\_\_

Status : **Delivered No Records Responsive to Request Records are Exempt Other**

**# Of Pages Cost Picked Up Faxed E-mailed**

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