



TOWN OF GOLDEN BEACH

100 Ocean Boulevard, Golden Beach, FL 33160
Phone: (305) 932-0744 Fax: (305) 933-3825

PUBLIC RECORDS REQUEST

NUMBER: _____

Records, as defined in F.S. Ch 119.07 may be inspected and examined by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision of the record custodian or his/her designee. The record custodian shall furnish a copy or a certified copy of a public record upon payment of a prescribed fee or actual cost of duplication of the record. A written request is not required. However, in order to expedite your request and ensure that the specific information is made available to you, in accordance with the provisions of Chapter 119 of the Florida Statutes.

Please complete the following:

To: RECORDS CUSTODIAN

Date: _____ Time: _____

I hereby request to examine the following:

Review records only: _____ Confirmed appointment date: _____

Requested copies _____ Quantity / Certification: ___ Yes ___ No

Requested By:

Name

Phone

Address

TO BE COMPLETED BY RECORDS CUSTODIAN

____ Records furnished at time of request _____ Notified that no records are on file.

Cost of Reproduction: _____ Deposit required: _____

Customer notified that records are ready for pickup and the by Check/ _____

Cash \$ Completed by: _____

Date: _____

Rese