

**CITY OF SOUTH MIAMI
CITY CLERK'S OFFICE
REQUEST FOR PUBLIC RECORDS**

Name: _____

Subject Address: _____

E-mail Address: _____

Telephone #: (____) _____ Cell #: (____) _____

I REQUEST TO VIEW THE FOLLOWING DOCUMENTS:

I REQUEST COPY OF THE FOLLOWING DOCUMENTS:

For Office Use Only

NUMBER OF PHOTOCOPIES (not to exceed 14" x 8 1/2") x 15 cents / sheet = _____

NUMBER OF TWO-SIDED PHOTOCOPIES x 20 cents / sheet = _____

NUMBER OF CERTIFIED COPIES x \$1.00 / sheet = _____

NUMBER OF CD's x \$1.00 / each = _____

SPECIAL SERVICE CHARGE F.S. 119.07(d)

EXTENSIVE USE SERVICE: _____ hr(s) x \$_____/hr = _____

TOTAL PRICE FOR THIS REQUEST FOR PUBLIC RECORDS = _____

F. S. 119.07

FILL OUT THIS FORM AND EMAIL TO: npayne@southmiamifl.gov

Customer's Signature

Today's Date

For Office Use Only

Forwarded on: _____

Department: _____

Completed on: _____