



TOWN OF GOLDEN BEACH

One Golden Beach Drive, Golden Beach, FL 33160

Phone: (305) 932-0744 Fax: 933-3825

Records Request No.: _____

REQUEST FOR INFORMATION/PUBLIC RECORDS

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. Information requests are based on staff and resource availability.

Please complete the following:

To: Records Custodian

Date/Time Received _____

I hereby request to examine the following:

Do you require copies: ___ Yes ___ No Quantity _____

Is Certification of the Documents needed: ___ Yes ___ No

Requested By:

Name

Phone

Address

TO BE COMPLETED BY RECORDS CUSTODIAN

____ Records furnished at time of request

____ Customer was advised that records would be available to view: _____

____ Customer picked up/received requested records on: Date _____ /Time _____

____ Requested Duplication of Records, and was advised of time availability and estimated cost for duplication \$ _____.

____ Required deposit, if any, \$ _____ \$ _____ Fee Paid

Completed by: _____, Date and Time: _____

