



# TOWN OF GOLDEN BEACH

One Golden Beach Drive, 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 cost amount \_\_\_\_\_

Records picked up on \_\_\_\_\_ Paid by Check/Cash \_\_\_\_\_ \$ \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_