

# City of Jacksonville - PUBLIC RECORDS REQUEST

**\*all requests must go through the City Recorder first**

Name of requestor \_\_\_\_\_ Date of request \_\_\_\_\_  
 Requestor's Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email address of requestor: \_\_\_\_\_

Please describe the records you are requesting and any additional information that will assist us in locating this information for you as quickly as possible. Be sure to include the address of property information is being sought on.

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**PLEASE NOTE: Staff time will be charged regardless of how information is provided.**

Copies provided by email are charged at same rate as hard copies.

Method by which I would like to receive the information I have requested:

- Review documentation at the office by appointment *(charge staff time for collection of records)*
- Email to me at: \_\_\_\_\_ *(charge staff time plus duplication costs)*
- Mail to me at the above address *(charge staff time plus duplication costs and postage)*
- Call me and I will pick up in person *(charge staff time plus duplication costs)*

**Payments of charges are due PRIOR to releasing the documents in any form.**

I agree to pay all charges as listed below on completion of my Public Records request. All fees are calculated by the City Recorder. A deposit in addition to the first 1/4 hr. (\$8.75) fee may be required before beginning the request.

Requestor signature \_\_\_\_\_ Date of request \_\_\_\_\_

**OFFICE USE ONLY**

Staff time billed in 1/4 hr. increments will be added to all public records requests whether print, email, audio, thumb drive or visual. Staff time is based on \$35.00 per hour. The first 1/4 hr. (\$8.75) will be paid at the time public records request is made.

Staff time for processing request	_____ x \$35.00 =	\$ _____
# of single sided black and white copies	_____ \$0.20 =	\$ _____
# of single sided color copies	_____ \$0.30 =	\$ _____
# of double sided black and white copies	_____ \$0.35 =	\$ _____
# of double sided color copies	_____ \$0.45 =	\$ _____

CD - Staff time billed in 1/4 hr. increments

Thumb drive provided by applicant + Staff time billed in 1/4 hr. increments

Outside consultant fee required to fill request. Requestor to be informed prior to filling request \$ \_\_\_\_\_

Other fees: ie Postage, oversize copy fees, outside copy fees, etc. \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Amount paid when request made \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

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

Requestor contacted \_\_\_\_\_ Notes: \_\_\_\_\_