



**3614 S. Ocean Boulevard
Highland Beach, Florida 33478
Phone: (561) 278-4548
Fax: (561) 265-3582**

Public Records Request

NAME: _____

ADDRESS (Optional): _____

ADDRESS (2): _____

CITY, STATE ZIP: _____

INFORMATION REQUESTED (Please Be Specific):

PUBLIC RECORD CHARGES

Paper Copies – 8 ½ x 11	\$.15 each
Paper Copies – 8 ½ x 14	\$.25 each
Audio Tapes	\$ 5.00 each
Video Tapes	\$ 15.00 each
Other Materials	Actual Cost of Reproduction

The Town of Highland Beach reserves all rights afforded it under State Statute to charge for staff time associated with the fulfillment of some public records requests. In advance of any such charge, the individual(s) requesting such records will be notified, in writing, of any such charge.

FOR OFFICE USE ONLY

Date Request Received _____

Date (s) Reviewed _____ By: _____

Date Responded To: _____

Charge for Request: _____

Date Collected (Attach Receipt Copy): _____