

NAME OF REQUESTOR:

EMAIL OF REQUESTOR:



PHONE OF REQUESTOR:

DATE:

## TOWN OF HILLSBORO BEACH—PUBLIC RECORDS REQUEST

The Town will respond in accordance with Chapter 119 of the Florida Statutes to all public record requests. Public record requests do not have to be in writing. However, to insure accuracy, transparency and to promote efficiency, please consider completing this public records request form.

**PHYSICAL MAILING ADDRESS: 1210 Hillsboro Mile Hillsboro Beach. FL 33062**

**FAX TO: 954-427-7428**

ITEM(S) REQUESTS—PLEASE BE SPECIFIC

OFFICE USE ONLY

1.) _____ _____	
2.) _____ _____	
3.) _____ _____	
4.) _____ _____	
5.) _____ _____	

No charge for requests under \$1.00  
 Single sided copy 0.15 cents/page  
 Certified Copies \$1.00/page  
 If requesting to be mailed add postage 0.58  
 Recordings \$20.00/CD + Shipping and Handling

*All public records requests that require and extensive use of information technology resources and/or labor the cost of personnel will be billed at the rate of \$30.00/hour with a One (1) Hour minimum charge.*

*Please make your check/money order payable to: **The Town of Hillsboro Beach***