



CITY OF MASCOTTE

CITY OF MASCOTTE, FLORIDA
REQUEST FOR PUBLIC RECORDS

DATE OF REQUEST: _____

**RECORDS(S)
REQUESTED:** _____

**CONTACT NUMBER AND OR E-MAIL IF YOU WISH TO BE CONTACTED WHEN
RECORDS ARE COMPLETED OR IF THERE ARE ANY QUESTIONS WE MAY
HAVE:**

*Be advised that the requestor has the right to complete anonymity when requesting a public record.
The "pick up" option is the only method that will not create an additional public record*

Please select method you wish to use for record retrieval:.

Pick Up **Mail** **E-Mail**

City of Mascotte will furnish copies of the public records based on the following fee schedule:

One or Two Sided Copy- not more than 8 ½ x 11" - .15 per page

One Sided Copy or Two sided- 8 ½ x 14"- .20 per page

Certified Copy of a public record- \$1.00

Employee Time- more than 30 minutes- employee's wage/per hour

Copy record on CD- per CD (or customer provide the CD) Cost incurred by the City

For all other copies the **actual cost of duplication** that may include:

Travel costs if staff must go to an off-site source to staff time (above 30 minutes).

Costs incurred by the City to duplicate an item, records supervision time.

For Office Use Only:

Date Request Received: _____

Date Request Picked Up: _____

Date Request Filled: _____