



Village of El Portal

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PUBLIC RECORDS REQUEST FORM

NAME: _____
(Optional)*

DATE: _____

ADDRESS: _____
(Optional)*

TIME: _____

(Optional)*

PHONE: _____
Optional)*

Organization: _____
(Optional)*

In accordance with Chapter 119, F.S., a fee of \$.15 per copy will be charged for duplicating records. This fee shall be paid in advance of our duplicating the records.

Please describe in detail the documents being requested:

The documents requested will be provided as quickly as possible. If there will be a delay of more than 48 hours in providing these documents, you will be notified at the telephone number listed above.

No. of copies: _____ @ \$.15 ea \$ _____ Date Paid: _____

Documents Received by: _____
Printed name: _____ Signature

**Optional information is not required; however, the information is essential to us in communicating with you regarding the status of your request.*

For office use only: PRR Processed by: _____ Date Completed: _____