WINTER GARDEN

CITY OF WINTER GARDEN

RECORDS REQUEST

___Mail
___Pick Up
___Fax
___Electronic

Requestor Name:_____Date: _____

Organization: _____

Address:_____City:_____State:_____Zip: _____

Email Address:_____Phone: _____

Description of request: _____**VIEW** _____**COPY** **(fee may apply)**

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COPY - DUPLICATION TYPE	COST
Single-sided – up to 8 x 14 inches	$0.15 Each
Double-sided – up to 8 x 14 inches	$0.20 Each
Color copies – up to 8 x 14 inches	$0.20 Each
Large Format Sizes & Maps	Actual Duplication Cost
Certified Copy	$1.00 + Actual Copy Cost
Audio (CD)	$5.00
Video/Data (DVD)	$10.00
Postage and Shipping	At Actual Cost

Payable by: CASH, CHECK OR MONEY ORDER

Credit card payment is not available for records request at this time.

DISCLAIMERS: Records request will be processed in accordance with the Florida Public Records Law. The City's response to your public records request covers records in the City's custody at the time of the request and not records that the City may receive in the future. When necessary, you will be advised as soon as possible regarding estimated costs. **If a contact method is not provided and fees incur and/or questions arise, your request will be held until you contact us.**

THIS FORM IS USED FOR ACCURACY IN FULFILLMENT OF THE RECORDS/INFORMATION REQUEST AND IS NOT MANDATORY. THE REQUESTOR, BY LAW, IS NOT REQUIRED TO DIVULGE THEIR IDENTITY OR GIVE ANY PERSONAL INFORMATION IN ORDER FOR STAFF TO COMPLETE THE REQUEST.

THIS FORM BECOMES A PUBLIC RECORD WHEN COMPLETED AND SUBMITTED TO OUR OFFICE.

300 West Plant Street, Winter Garden, FL 34787 – cityclerk@cwgdn.com