



WAKULLA COUNTY PUBLIC RECORDS REQUEST FORM

The originating department of the public records shall complete this form for all public records request and submit to custodian of records. The originating department shall complete this form to the extent of the requester will provide such contact information. Such information is not mandatory; however the contact information will be used to contact the requester regarding the cost and availability of the records request and to otherwise facilitate the fulfillment of the request including the description of records.

<u>Requestor Information:</u>	
Name of Requestor (Optional): _____	Date of Request: _____
Mailing Address (Optional): _____	
City: _____	State: _____ Zip: _____
Phone Number: _____	

<u>Description of Records Requested:</u>
Name of Department: _____

Date of Request Fulfillment: _____

Fees:

Copies = 15¢ per single page
 Copies = 20¢ per double sided page
 CD/DVD = \$1.00
 Staff Time = TBD
 E-mails = TBA

Cost:

of Single Pages = _____
 # of Double Pages = _____
 # of CD/DVD = _____
 # Staff Time = _____
Total Cost = _____

Please Complete and Submit this Form To BOCC Administration