



<b>STAFF USE ONLY</b>	
Intake Date	_____
Fee Paid	_____

**TOWN OF HAVERHILL  
OFFICE OF THE TOWN CLERK**

4585 Charlotte Street, Haverhill, Florida 33417 561-689-0370 Ext 1

**Request for Public Records**

1. A request for public records may be made anonymously. However, if the requestor would like Town Staff to contact them regarding the status of the request, contact information may be provided utilizing this form.
2. Review of specific records may be performed without charge unless the nature or volume of the material requested requires assistance of Town Staff. If assistance is necessary, there may be a charge for such assistance. The public inspection of records may be accomplished by making an appointment through the Town Clerk's office.
3. Pursuant to Chapter 119, F.S., copies of records shall be furnished within a reasonable timeframe, upon payment of \$0.15 per page for one-sided documents, and \$0.20 per page for double-sided, up to size 8 1/2 x 14.
4. Pursuant to Resolution No. 2013-07, and the public records policy, the following fees may be charged:

Audio tape recordings	\$5.00 per tape
Video tape recordings	\$10.00 per tape
CD's, DVD's, or flash drives	\$10.00 per CD, DVD, or flash drive
Certified Copy of Document	\$1.00 per stamp, in addition to actual copying charge
Re-print of photos	\$3.00 per photo, up to 5" x 7"
Postage & packaging	Charged at actual town cost

**PLEASE COMPLETE THIS FORM AND SUBMIT TO THE TOWN CLERK**

Public records requested by (may be anonymous):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip code

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email Address

**Public Records Requested:**

Ordinance No. \_\_\_\_\_ Subject: \_\_\_\_\_

Resolution No. \_\_\_\_\_ Subject: \_\_\_\_\_

Official minutes of: \_\_\_\_\_  
Town Council, Board or Commission Date of meeting

Complete minutes \_\_\_\_\_ or Excerpt of minutes \_\_\_\_\_

If excerpt requested, please describe portion desired, including page number if known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Public Records requested (please describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person requesting copies Date

\_\_\_\_\_  
Signature of Town Clerk Date request completed

Total cost \$ \_\_\_\_\_