

# City of Key Colony Beach

P.O. Box 510141, Key Colony Beach, FL 33051-0141 • Phone: 305-289-1212  
Fax: 305-289-0247  
www.keycolonybeach.net



## PUBLIC RECORD REQUEST

**Mail or email completed form to:**

**Custodian of Records, City Clerk**  
[cityclerk@keycolonybeach.net](mailto:cityclerk@keycolonybeach.net)

**City of Key Colony Beach**  
**600 West Ocean Drive, P.O. Box 510141**  
**Key Colony Beach, Florida 33051**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Dear Custodian of Records:

Pursuant to Article I, section 24 of the Florida Constitution, and chapter 119, F.S., I am requesting an opportunity to obtain copies of the following public records (be as specific as possible when describing the requested information):

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**Electronic and Printed Copy Cost:** \$.15 cents per page and \$.20 per page for double-sided printed copies. Postage is an additional cost that can be charged if applicable. If the record request requires more than 15 to 30 minutes of staff time to comply, the record custodian will inform you prior to fulfilling the request of the additional special service charge. **Fees must be paid in full prior to copying and producing the requested material.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## INTERNAL USE ONLY

\_\_\_\_\_  
**Signature of Record Custodian**

\_\_\_\_\_  
**Date Request Received**