

City of Key Colony Beach

PO Box 510141 Key Colony Beach, Florida • Phone # 305-289-1212 • Fax# 305-289-1767



PUBLIC RECORD REQUEST

Mail or email completed form to:

Custodian of Records, City Clerk

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):

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