

PUBLIC RECORDS REQUEST FORM

CITY OF DELTONA, FLORIDA

Email: jraftery@deltonafl.gov

(386) 878-8500

Per Florida Statutes, the Requestor is **Not Required** to provide a name or other contact information. If the Requestor does not wish to leave contact information, an estimated time will be provided for when the Requestor should contact the City to determine if the request has been completed.

Name of Requestor: _____ Date/Time Received: _____

Phone Number: _____ Email Address: _____

Document/File(s) requested or description of request:

Date Range/Timeframe of File(s):

FEES: (per page or each unless otherwise noted)

1 sided copies – to 8 ½"x11":	\$0.15	Certified copy of public record:	\$1.00 / document and copy cost
2 sided copies – to 8 ½"x11":	\$0.20	Staff time in excess of 15 minutes:	Hourly rate of staff member qualified to fill request
1 or 2 sided 11"x17" copies:	\$0.20	Audio Tape: (Citizen provides tape)	No Charge – unless extensive staff time involved

Contact the City Clerk's Office for current price of the following publications:

Maps / blueprints / large size copies; duplicate audio tape (cassette); CD of electronic or audio public records; DVD of electronic or audio public records; reprints of color photographs up to 5" x 7"; and larger size color photographs are based on actual cost of duplication.
Code of Ordinances with or without tabs, Zoning Code, Land Development Code, or the Comprehensive Plan are available on-line or for purchase directly from Municipal Code @ WWW.MUNICODE.COM

TOTAL CHARGES: *THE BELOW IS TO BE COMPLETED BY THE CITY CLERK'S DEPARTMENT.

Number of copies:	_____ @ \$ _____	and _____ @ \$ _____	\$ _____
Other Records:	_____ @ \$ _____	and _____ @ \$ _____	\$ _____
	_____ @ \$ _____	and _____ @ \$ _____	\$ _____
Staff Time in excessive of 15 minutes:	_____ hours x \$ _____/hour		\$ _____
	_____ hours x \$ _____/hour		\$ _____
TOTAL DUE:			\$ _____
Requestor Contacted – Date/Time: _____			
Comments: _____			
Staff initials and Department #:			