

Office of the City Clerk
City of Margate
5790 Margate Boulevard
Margate, FL 33063
(954) 935-5325 Telephone
(954) 935-5211 Fax
recordsmanagement.com

PUBLIC RECORDS REQUEST

Attention: Providing your name or contact information is optional, however, it helps us to reach you regarding your request

DATE: _____ RECEIVED BY: _____

NAME OF REQUESTOR: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

DOCUMENT (S) REQUESTED: _____

NOTES

1. Some public records contain information that is exempt from public disclosure. Records containing exempt information will be redacted to protect the exempt information prior to public disclosure.
2. Inspection of Records by the public will be conducted in the presence of a city employee.
3. Fees for photocopying of public records are listed below.
4. Public records requests that require research above 15 minutes are considered extensive. An extensive research fee will be charged as noted below and the requestor will be notified in advance with an estimated cost. Extensive Research will commence after the city receives a fifty percent deposit from the requestor on the estimated cost of research and copying.

PHOTOCOPYING OF CITY RECORDS

- SINGLE SIDED COPY - EACH \$.15
- COMPACT DISC (CD) - EACH \$.20
- DOUBLE SIDED COPY - EACH \$.20
- CERTIFICATION (TRUE COPY) - EACH \$1.00

EXTENSIVE RESEARCH SERVICES (ALL DEPARTMENTS)

- FIRST 15 MINUTES - NO CHARGE
- AFTER 15 MINUTES - HOURLY RATE OF LOWEST PAID SALARY IN THE DEPARTMENT OF THE EMPLOYEE CAPABLE OF THE RESEARCH.

CITY USE ONLY

Tracking No.: PRR _____ (*Assigned by the Office of the City Clerk*)

Department: _____ Name of Employee Completing Request: _____

No. of Hours _____ @ Rate Per hour \$ _____ = \$ _____

_____ Copies @ Cost per page \$ _____ = \$ _____

Other Fees \$ _____ Total due \$ _____

Amount paid \$ _____ Received by: _____ Apply to Account No.: _____

Date Request Closed: _____