



**TOWN OF REDINGTON BEACH**  
**105-164th AVENUE**  
**REDINGTON BEACH, FL 33708**  
**PHONE: 727-391-3875 FAX: 727-397-6911**  
**www.townofredingtonbeach.com**  
**email address: info@townofredingtonbeach.com**

## REQUEST FOR PUBLIC RECORDS

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

Documents Requested:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Information below is OPTIONAL:

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

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

City / State: \_\_\_\_\_

Phone: \_\_\_\_\_

Charge for CD is \$2.00 each.

F.S. 119.07. The custodian shall furnish a copy or a certified copy of the record upon payment of the fee, as follows:

For duplicated copies of not more than 14" x 8 1/2", fifteen cents per one sided copy and an additional five cents per each two-sided copy. A certified copy of a public record shall cost an additional \$1.00 per page.

The phrase "actual cost of duplication" means the cost of the material and supplies used to duplicate the record, but it does not include the labor cost or overhead cost associated with such duplication. If the custodian determines an excessive amount of time is involved in duplicating the requested information, an additional charge may be assessed.

\_\_\_\_\_  
**Town Clerk, Records Custodian**

\_\_\_\_\_  
**Requestor**