



<b>STAFF USE ONLY</b>	
Intake Date	_____
Fee Paid	_____

**TOWN OF HAVERHILL  
OFFICE OF THE TOWN CLERK**

4585 Charlotte Street, Haverhill, Florida 33417 561-689-0370 FAX 561-689-4317

**Request for Public Record/Information**

1. Review of specific records can be done without charge unless the nature or volume of the material requested requires assistance. If assistance is necessary, there will be a special service charge. The inspections of records can be accomplished by making an appointment through the Town Clerk's office.
2. Pursuant to Chapter 119, F.S., a request for copies of records shall be furnished (with reasonable time request) upon payment of \$.15 per page, if the document is one-sided and \$.20 per page, if document is double-sided.
3. Audio tape recordings are \$15.00 per tape.
4. Certification of documents shall be charged at \$1.00 per document.
5. Burned CD copy is \$1.00 per CD.

**PLEASE COMPLETE THIS FORM AND SUBMIT TO TOWN CLERK**

Public records requested by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip code

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Fax number

Public records requested:

Ordinance No. \_\_\_\_\_ Subject: \_\_\_\_\_

Resolution No. \_\_\_\_\_ Subject: \_\_\_\_\_

Official minutes of: \_\_\_\_\_  
Town Council, Board or Commission

\_\_\_\_\_ Date of meeting

Complete minutes \_\_\_\_\_ or Excerpt of minutes \_\_\_\_\_

If excerpt requested, please describe portion desired:

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Other Public Records requested (please describe):

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Total cost \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of person requesting copies

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Town Clerk

\_\_\_\_\_  
Date request completed