

Phone: 407-665-7330  
 Fax: 407-665-7385



## Public Records Request Contact Information

|   |     |                 |
|---|-----|-----------------|
| *Requested By:  |     | *Date           |
| Street Address, City (Please supply if documents are to be mailed to requestor) |     |                 |
| *Phone  | Fax | Alternate Phone |

### Information Requested

*Please supply as much of the following information as possible*

|              |                    |
|--------------|--------------------|
| Project Name | Application Number |
| * Parcel ID  | Street Address     |

*\*Please use the space below to describe the documentation you are seeking or the reason for your request in order to ensure we obtain the correct information.  
 (i.e. Site Plans, Project Files, etc.)*

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|------------------------|--------------|--------------------------|----------------|
| Request taken by:      |              | Request assigned to:     |                |
| Recall Box #           |              | Date Ordered             |                |
| Date Files Received    |              | Date Requestor Contacted |                |
| No. of Letter          | No. of Legal | No. of Ledger            | No. of 24 X 30 |
| Amount Due \$          |              | Date Completed           |                |
| Additional Information |              |                          |                |
|                        |              |                          |                |
|                        |              |                          |                |

**\*Required Information**