



PUBLIC RECORDS REQUEST

Requestor Contact Information:

NAME: _____ DATE: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

Record Search Based Upon:

ADDRESS: _____

PERMIT: _____ PARCEL: _____

Information Requested:

Please submit this form here in our office, by fax: 407-665-7486 or email to:

BPPublicRecords@seminolecountyfl.gov

* * * * *

Office Use Only:

Date Ordered: _____ Date Requestor Contacted: _____

Letter: _____ Legal: _____ Ledger: _____ 24X30: _____

Copy Fee Total: _____ Re-stamp Fee: _____ Duplicate Permit Card: _____

Total Amount Due: _____

Additional Information:

