

City of Jacksonville

REQUEST TO VIEW And/or Acquire Copies of PUBLIC RECORDS

DATE _____

NAME _____
(PRINT) (SIGNATURE)

ADDRESS _____

CITY, STATE & ZIP CODE _____

PHONE NUMBER _____

EMAIL _____

PREFER COPIES BY EMAIL (FREE) OR PICK UP (\$0.25/PAGE)
(CIRCLE ONE)

RECORDS REQUESTED (be as specific as possible): _____

REASON FOR REQUEST: _____

RECORDS OUT AT _____ RETURNED AT _____

# Pages Requested	Price per page	Total Amount	Receipt #	Receipt Date	Cashier Initials
	\$0.25	\$			

Approved by: _____
(City Clerk's Initials)

Documents Picked Up On _____