

## **Public Records Request**

1507 Bay Palm Blvd, Indian Rocks Beach, Florida 33708

Phone: 727-595-2517 Email: <u>LKORNIJTSCHUK@IRBCITY.COM</u>

Pursuant to <u>Chapter 119 Florida Statutes</u>, I hereby request the following currently existing records of the City of Indian Rocks Beach, Florida.

Requests are not required to be in writing, nor is the requestor required to provide their name or an explanation as to why the request is being made. For those who wish to make a written request, please complete and submit this form; otherwise please contact the City Clerk's Office at the telephone number or address listed above.

At this time we have begun our review of the request and will respond shortly with any questions we may have and an estimate of the time for providing records responsive to your request.

## **Preferred Method of Contact:**

How would you like the City to cont	act you when records are re	eady or if the City has que	stions about your request?
*			

Name of Requestor	Phone	Email	
Mailing Address	City	State	Zip

**Description of Request** (Be as specific as possible, including name, dates, case numbers, etc, if known.)\*

Enter Text

## I request:

Paperless copies when available; otherwise paper copies

·	nd that the City is under no obligation to create a doc the records will be released only in accordance with (	• •
minutes, extensive use of technology	al service charge will be applied for staff time exceed ogy resources, material costs, clerical and/or supervi- ed to the requester. Receipt of a deposit will also be r	sory assistance, a written
<b>①</b> Attachments		
	ormation you would like to provide as a part of this re	equest (i.e. letters, emails,
etc.) please add them below:	, , , ,	
Signature	Date	