



PUBLIC RECORD REQUEST FORM

Date of Request: _____

Customer Name: _____

Address: _____

Phone: (_____) _____ **Email:** _____

Fax: (_____) _____

Information Requested:

Fees:

Single-sided copies - \$.15 each

Double-sided copies - \$.20 each

Compact Discs - \$.91 plus labor

Postage – By weight and delivery type

Special Charge – If a request requires extensive clerical or supervisory assistance or a review by legal staff, then a special labor charge will be imposed.

Payment for public records shall be collected before the materials are released or made available for inspection. You will be notified once estimated costs have been determined.

Mail, Email, or Fax Form to:
PUBLIC RECORDS CUSTODIAN
3201 Scherer Drive
St. Petersburg, FL 33716
records@psta.net
(F) 727-540-1913