

# City of Jacksonville

## REQUEST TO VIEW And/or Acquire Copies of PUBLIC RECORDS

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(PRINT) (SIGNATURE)

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

RECORDS REQUESTED (be as specific as possible): \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

RECORDS OUT AT \_\_\_\_\_ RETURNED AT \_\_\_\_\_

# Pages Requested	Price per page	Total Amount	Receipt # and Date	Cashier Initials
	\$ .25	\$		

Approved by: \_\_\_\_\_  
(City Clerk's Initials)

Documents Picked Up/Sent On \_\_\_\_\_