



# RECORDS RESEARCH/REQUEST FORM

City of Okeechobee - Office of the City Clerk

55 SE 3rd Ave, Room 100, City Hall, Okeechobee, FL 34974

Phone: (863) 763-3372 ext. 9814

Request No. \_\_\_\_\_

## CONTACT INFORMATION (this is NOT mandatory)

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

## DESCRIPTION OF RESEARCH/RECORDS BEING REQUESTED


## RESULTS OF RESEARCH

## RECORDS ROOM LOCATION


## FEEES

(Per Resolution No. 09-05, 09-06, 11-08)

*Single-sided copies (up to Legal Size)	\$ 0.15 per page	x _____	No. of pages: _____	=	_____
*Double-sided copies (up to Legal Size)	\$ 0.20 per page	x _____	No. of pages: _____	=	_____
Compact Disc (CD)	\$ _____ actual cost	x _____	Qty: _____	=	_____
Extraordinary Staff Time	\$ _____ per hour	x _____	No. of hours: _____	=	_____
Start time: _____	Stop time: _____	Total: _____			
*Research time over 15 minutes is considered extensive and must be charged for.					
Postage (actual cost)				=	_____
Other _____				=	_____

Receipt No.: \_\_\_\_\_

Total Cost: \_\_\_\_\_

## REQUEST TO CHECK-OUT RECORD(S)

**NOTE:** All requests to check-out records must be approved by the City Clerk prior to check-out. Records must be returned no later than 4:30 p.m. the same day of check-out. A copy of driver's license is required for check-out unless a City employee.

Check-out Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check-in Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICIAL USE ONLY

Research completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Response reviewed by Clerk prior to release:  Yes  No Initials: \_\_\_\_\_

Clerk's Notes: \_\_\_\_\_

## RESPONSE TIME INFORMATION

Original Request	Receipt of Response	Fulfillment of Request
Received by: _____	Sent by: _____	Sent by: _____
Date: _____	Date: _____	Date: _____
Time: _____	Time: _____	Time: _____

**NOTE: COPIES OF ALL E-MAIL CORRESPONDENCE MUST BE ATTACHED TO REQUEST.**