



THE CITY OF JACKSONVILLE

OPEN RECORDS REQUEST FORM

DATE OF REQUEST: _____

NAME: _____

STREET ADDRESS: _____ APT. NO. _____

CITY STATE ZIP CODE

MAILING ADDRESS (if different from above)

TELEPHONE NUMBER EMAIL ADDRESS

PLEASE BE SPECIFIC THE RECEORDS THAT YOU ARE REQUESTING. LIST SPECIFIC DATES IF POSSIBLE OR ANY ADDITIONAL INFORMATION THAT WOULD ENABLE US TO EXPEDITE REQUEST.

FOR VIEWING _____ TO BE MAILED _____ TO BE PICKED UP _____

FOR OFFICE USE ONLY:

_____ The information requested is restricted by law and cannot be made available.

_____ Additional information is needed to process your request.

_____ An Attorney General's Opinion has been requested.

Deadline for Action: _____

Date of final action on the request: _____