REQUEST FOR PHOTOCOPIES

NAME: ______________________________________________________________________

ADDRESS: ___________________________________________________________________

TELEPHONE: ________________________________________________________________

DESCRIPTION OF MATERIAL REQUESTED:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

___________________________________
Signature

FOR STAFF USE ONLY:
Number of Pages: ________________  Copy Cost: ________________
Staff Time: ________________  Staff Cost: ________________
Petitioner Notified: ________________

Date
Staff Signature

PLEASE NOTE: Pursuant to Section 2-2 of the Cooper City Code and Section 119.07, Florida Statutes, on requests to examine, view or obtain photocopies of public records which require an extensive amount of research or staff time - meaning in excess of thirty minutes - a charge will be levied for staff time after the first half hour. Normally, the charge would be $20 per hour, but may differ slightly depending upon the salary of the staff member attending to your request.