



TOWN OF OCEAN RIDGE

6450 North Ocean Boulevard, Ocean Ridge, Florida 33435
(561) 732-2635 Main ♦ (561) 737-8359 Fax
oceanridgeflorida.com ♦ karmstrong@oceanridgeflorida.com

Date Request Received _____
Date Completed _____

Public Records Request Form

Pursuant to [Chapter 119 Florida Statutes](#), I hereby request the following currently existing records of the Town of Ocean Ridge, Florida.

Requests are not required to be in writing, nor is the requester required to provide their name or an explanation as to why the request is being made. For those who wish to make a written request, you may complete and submit this form or otherwise please contact the Town Clerk's Office at the number listed above.

The request must be clear enough to enable the Town to conduct a meaningful search. The Town may ask questions about the request in order to respond to the request fully and in a timely manner.

Public Record Requests are processed in the order received. The duration of request will vary on extent of request.

Name of Requestor: _____

Phone No.: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Description of Public Records Request (Be as specific as possible, including dates, address, property control number, owner information, if known):

If you have any supplemental information you would like to provide as part of this request (i.e. letters, emails, etc.) please attach to this form.

- I request (select one):
- Electronic copies if available
 - Only to review / inspect
 - Paper copies if available

In making this request, I understand that the Town is under no obligation to create a document to satisfy my request. I further understand that the records will be released only in accordance with Chapter 119 Florida Statutes.

If the Town determines that a special service charge will be applied for extensive use of technology resources, clerical and/or supervisory assistance, a written estimate of charges will be provided to the requester. Receipt of a deposit will also be required prior to compiling such requests.

Disclaimer: Under Florida law, you are not required to provide any personally identifying information, such as your name or address; however, please be advised that unforeseen delays may occur if Staff has any questions regarding your request and no contact information has been provided.

BELOW FOR OFFICIAL USE ONLY

Ocean Ridge – Internal

<u>Estimated Pricing by Ocean Ridge</u>	# of pages	Fee
8.5x11 Single Sided		\$.15 per page
8.5x11 Double Sided		\$.20 per page
8.5x14 Single Sided		\$.20 per page
8.5x14 Double Sided		\$.25 per page
11x17 Single Sided		\$.30 per page
11x17 Double Sided		\$.35 per page
Admin time for Town Hall and Police Personnel		\$20.00 per hour after 15 minutes
Admin time for Public Works Personnel		\$25.00 per hour after 15 minutes
Email extraction or other IT searches		\$105.00/per hour
Records in Possession of Town Engineer		\$150.00 per hour
Records in Possession of Town Attorney		\$190.00 per hour
CD		\$1.00
USB		\$8.00
Estimated Total		\$
Cash Deposit Amount Received		\$ Date:
Balance Due		\$
Total Amount Paid ___cash ____check		\$ Date:
Date Request Completed:		Request Completed By:

City of Boca Raton (microfilm to paper) – CASH DEPOSIT ONLY

<u>Estimated Pricing by City of Boca Raton</u>	# of pages	Fee
8.5x11 Prints		\$.20 per page
11x17 Prints: \$.50/pp		\$.50 per page
CD \$.50 (approximately)		\$.50 (approximately)
BR Processing Fee: \$25		\$25.00
Admin time for Public Works Personnel		\$25.00 per hour after 15 minutes
Estimated Total		\$
Cash Deposit Amount Received		\$ Date:
Total Amount Paid ___cash ____check		\$ Date:
Amount Due/Change Due		\$ Date:
Date Request Completed:		Request Completed By:

Delray Blueprint (large paper plans and plans to CD) – CASH DEPOSIT ONLY

<u>Estimated Pricing by Delray Blueprint</u>	# of Pages	Special Instructions:
Prints: \$3.00/pp (approximately-black and white only)		\$3.00/pp (approximately)
CD: \$5/pp (approximately-black and white only)		\$5/pp (approximately)
Admin time for Public Works Personnel		\$25.00 per hour after 15 minutes
Estimated Total		\$
Cash Deposit Amount Received		\$ Date:
Total Amount Paid ___cash ____check		\$ Date:
Amount Due/Change Due		\$ Date:
Date Request Completed:		Request Completed By: