

City of Tarpon Springs
Office of the City Clerk & Collector

| | |
|--|------------|
| Scanned by: _____ | Date _____ |
| Email to: mjames@ctsfl.us | Date _____ |

Records Request Form

DOCUMENT(S) REQUESTED (Please check box):

- Open/Expired/Closed Permit:
- Elevation Certificate/Flood Map Info:
- Roof Permit & Final Inspection: Permit #: _____ or Address:
- Other (Please Specify):

Under Florida Law, you are not required to submit a records request in writing. If you elect to complete this form, please provide enough information to ensure that city staff are able to respond with the desired records as prompt as possible.

CONTACT INFORMATION (not required):

Name:

Phone/Email:

Notes: _____

- **Charges:** There will be a \$0.15 copying charge for single sided documents; \$ 0.20 charge for double sided documents; \$5.00 for audio cassette tapes; and \$1.00 for CD or DVD.
- **Copies of Blueprints/Plan –Staff will contact you with cost.**