

# Public Records Request: Town of Welaka



## **SEND BY MAIL TO:**

Public Records Coordinator  
Attn: Meghan Allmon, Town Clerk  
400 4<sup>th</sup> Avenue  
Welaka, FL 32193

## **E-MAIL:**

[TownClerk@welaka-fl.gov](mailto:TownClerk@welaka-fl.gov)

## **OR RETURN THE FORM IN PERSON:**

Public Records Coordinator  
Attn: Meghan Allmon, Town Clerk  
400 4<sup>th</sup> Avenue  
Welaka, FL 32193

**Office Hours:** Monday - Friday, 8 AM - 5 PM

Closed from 12 PM - 1 PM daily and on federal holidays

**Website:** [www.welaka-fl.gov](http://www.welaka-fl.gov)

## Cost Recovery Policy

Upon preparation for a public records request, the Town of Welaka will provide a fee to the person initiating the request. This amount will include the hours required, the service charge for labor, and actual document or other material costs.

### Fees:

- Department clerical or supervisory assistance includes searching for and or locating the requested record(s), reviewing for statutorily exempt information, redaction of statutorily exempt information, preparing, printing, mailing, e-mailing, and/or copying the requested record(s).
- The charge for department clerical or supervisory resources will be no greater than the hourly rate of the department(s) doing the research multiplied by the time spent preparing the public records request(s).

### Collecting Recovered Costs:

- Payment will be collected before documents are copied, reviewed, redacted, or otherwise processed.
- In the event the requestor fails to pay the cost(s), the requested public records will not be released.

### Material Costs:

- One-sided Copy (8.5x11" Paper or Digital): \$ 0.15 per page
- Double-sided Copy (8.5x11" Paper): \$ 0.20 per page
- One-sided Copy (8x14" Paper or Digital): \$ 0.20 per page
- Double-sided Copy (8.5x14" Paper): \$ 0.25 per page
- One-sided Copy (8x17" Paper or Digital): \$ 0.25 per page
- Double-sided Copy (8.5x17" Paper): \$ 0.30 per page
- Packaging and shipping charges: Charges will reflect the actual postage cost incurred.

## Request Form

Pursuant to Chapter 119, Florida Statutes, if you choose to make a public records request using this form, please provide at least one method of contact, with a subject and detailed request.

In order to help us provide you with the best response to your request, please carefully consider providing specific information. Please know that broad requests can take longer to fulfill and may become costly for the requester.

## Contact Details

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

**Organization:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

## Request Details

**Date Filed:** \_\_\_\_\_

**Subject:** \_\_\_\_\_

**Date Range of the Records Requested:** \_\_\_\_\_

**Specific Document Details:** (Please provide as much detail as possible about the record(s) being requested)

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**For Office Use Only:**

**Department/Person Assigned To:** \_\_\_\_\_

**Department/Person Assigned To:** \_\_\_\_\_

**Department/Person Assigned To:** \_\_\_\_\_

**Time Cost:** \_\_\_\_\_ (Minutes) x Department Hourly Rate = \$ \_\_\_\_\_

**Time Cost:** \_\_\_\_\_ (Minutes) x Department Hourly Rate = \$ \_\_\_\_\_

**Time Cost:** \_\_\_\_\_ (Minutes) x Department Hourly Rate = \$ \_\_\_\_\_

**Page(s) Cost:** \_\_\_\_\_ (Page) x \_\_\_\_\_ (Fee)

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**Total Cost Due: \$**