



Community Development District

PUBLIC RECORDS REQUEST

Your Name _____ optional

Address _____ optional

postage will be applied if mailed and is to be collected beforehand

City _____ State _____ Zip _____ optional

Phone Number _____ optional

Email _____ optional

If you choose not to fill out contact information, how would you like to be contacted when information is available? _____

Please indicate below your public records request.

Pursuant to Florida Statute Section 119.07, you may be charged a fee of .15 cents per single-sided copy not larger than 14" by 8.5", an additional .5 cents per two-sided copy, and the actual cost of duplication for all other records. These fees will be due upon presentation of the requested documentation.

If the nature or volume of the public records request to be inspected or copied requires extensive use of information technology resources or extensive clerical or personnel assistance to fulfill, the District may charge the requestor the associated cost, in addition to the actual cost of any duplication. In an extensive use situation, you may be asked to pay a portion of the estimated costs prior to the request being filled and the remainder of the cost shall be due upon the records being made available.

<u>To be filled out by Harmony Records Office</u>	
Date received by District Office:	_____
Date entered into system:	_____
Date information supplied to requestor:	_____
Cost associated with request:	_____

Submit filled-in form to: PublicRecords@inframark.com. Alternately, fax it to 954-345-1292, or mail it to: Harmony Records Officer, % InfraMark IMS, 210 North University Drive, Suite 702, Coral Springs, FL 33071.