

**CITY OF LAKE WORTH
PUBLIC INFORMATION REQUEST
(INTERNAL/EXTERNAL REQUESTS)**

SEND ORIGINAL AND TWO COPIES TO: CITY OF LAKE WORTH 7 NORTH DIXIE HWY LAKE WORTH FLORIDA 33460 (561) 586-1660 by Fax: (561) 586-1750 From Originating Dept: _____ ATTENTION: Records & Information Manager	CITY CLERKS OFFICE USE ONLY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; text-align: center;"> THE RECORD ITEMS LISTED BELOW WERE READY FOR PICKUP/DELIVERY ON <hr/> DATE <hr/> signature </td> <td style="width:30%; text-align: center; vertical-align: top;"> DATE REQUEST RECEIVED </td> </tr> </table>	THE RECORD ITEMS LISTED BELOW WERE READY FOR PICKUP/DELIVERY ON <hr/> DATE <hr/> signature	DATE REQUEST RECEIVED
THE RECORD ITEMS LISTED BELOW WERE READY FOR PICKUP/DELIVERY ON <hr/> DATE <hr/> signature	DATE REQUEST RECEIVED		

1. TYPE OF SERVICE REQUESTED (Check v)

a. Offsite (Retrieval)
 b. Copy of Records
 c. Records Information
 d. Permanent Withdrawal
 e. Review

2. Description of Records Being Requested

a. LINE NUMBER	b. DESCRIPTION OF RECORDS AND DATE OF RECORD REQUESTED IF KNOWN	c. FEE (\$) Total pages \$.15 single sided or \$.20 double sided
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
Total		

If Deposit Received Please enter date received and the amount of deposit:
 Internal External Amount Date

4. NAME OF CUSTOMER (OPTIONAL)	5. TEL. NO. (OPTIONAL)	9 Please check customer status: Internal <input type="checkbox"/> What Department _____ External <input type="checkbox"/>	
6. ADDRESS (OPTIONAL)	7. DATE		
8. SIGNATURE (Name and Address) (OPTIONAL)		Records Manager Signature	Date