



RECORDS REQUEST FORM

REQUESTOR'S INFORMATION

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Records Requested: (Please be specific. i.e. names, dates, titles)

You will be notified via phone or fax when your records are ready for pick-up.

ADMINISTRATIVE USE ONLY

Request Completed

By Whom: _____ Date: _____

Requestor Notified

1st: _____ 2nd: _____ 3rd: _____

INVOICE

Record Format					Paid By	
Single-sided Paper	_____	@	\$0.15	=	_____	<input type="checkbox"/> Cash
Double-sided Paper	_____	@	\$0.20	=	_____	<input type="checkbox"/> Check
Audio Tape	_____	@	\$5.00	=	_____	<input type="checkbox"/> Money Order
Video Tape	_____	@	\$6.00	=	_____	<input type="checkbox"/> Other _____
CD	_____	@	\$6.00	=	_____	
DVD	_____	@	\$6.00	=	_____	
Total Due:					_____	<input type="checkbox"/>

Payment by Cash, Check or Money Order. Payable to: City of Miramar