

MIAMI-DADE COUNTY DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES PUBLIC RECORDS REQUEST

| Requestor Informat | ion: |
|--------------------|--|
| Name: | |
| Organization: | |
| Address 1: | |
| Address 2: | |
| Phone Number: _ | |
| Email Address: | |
| Information Reques | sted: |
| Request Date: | |
| Records Requested | (Please describe in detail – include dates involved in request): |
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Requests must be made in person to the address below. **Please be advised that there is a minimum \$40.00 research fee which applies for all records request.** An additional research fee of \$20 per half hour may apply on any request that requires more than one hour to retrieve the requested information. Additionally, a 7.5% RER surcharge is applicable to all records request fees. Research fees are pursuant to Miami-Dade County Implementation Order 4-114 and all copies of the requested research material will be provide on a CD. Payments must be made payable to Miami-Dade County and is due at the time of request.