

Public Records Request Form
Town of Greenwood - Office of the Town Clerk
4207 Bryan Street, P. O. Drawer 9 Greenwood, FL 32443
Phone (850)594-1216; Fax (850)594-3914

**Optional Information*

Name: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

**Optional information is not required; however, the information is essential to us in communicating with you regarding the status of your request.*

Request for Review or Copies of Ordinance Resolution Minutes Other.

Florida's Public Records Law, Chapter 119, Florida Statutes, requires that records which are made or received in connection with the transaction of official business by any "agency" must be open for inspection and copying in the absence of a statute exempting such records or making such records confidential.

As such, the Town of Greenwood provides copies of certain copyright protected documents. However, the copyright law of the United States (title17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specific conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement.

Further, the Town reserves the right to refuse to accept a copying order if, in its judgment, fulfillment of the order would involve violation of copyright law.

*******ADMINISTRATIVE USE ONLY*******

Office of the Town Clerk: Date Received _____ Date to Attorney _____ Initials: _____

Records Attached No Records Responsive to Request. Records Are Exempt Other

Comment(s):

Date Returned to Clerk: _____/_____/_____ Initials: _____

Records Attached No Records Responsive to this Request. Records Are Exempt Other

Comment(s):

Date Returned to Clerk: _____/_____/_____ Initials: _____

For Plans: Date Sent to be Copied _____ Initials: _____ Date Rec'd Back _____ Initials: _____

Date *Originals* Returned to Clerk. _____ Clerk's Initials: _____

Office of the Town Clerk: Date to Attorney for Review: _____/_____/_____ Initials: _____

Office of the Town Attorney: Date Received: _____/_____/_____ Initials: _____

Authorized for Release: Yes No Date: _____ Signature: _____

If no, reason:

Office of the Town Clerk: Date Received: _____ Initials: _____

Date Released: _____ Initials: _____ Mailed Picked Up Faxed E-Mailed Telephoned

Comment:

of Pages: _____ Cost: _____ Date Logged: _____ Log #: _____