



Clay County Supervisor of Elections

Phone: 904-269-6350 Fax: 904-284-0935

Public Records Request Form

**Name: _____ Date _____

**Telephone: _____ File Name _____

***Not mandatory per FS 119.07*

Note : there may be an additional 'Extensive Use' fee to the fees disclosed below, per FS119(4)(d)

_____ **Certified / Faxed Registration Copy** \$1.00 each

_____ **Copies** (Specify Below if necessary) \$.15 each single sided / \$.20 each double sided

MAPS

- _____ \$5.00 36 X 48 Standard paper
- _____ \$10.00 36 X 48 Premium semi-gloss paper
- _____ \$1.00 8 1/2 x 11 Regular paper
- _____ \$5.00 Digital GIS Data

Map Criteria:

- CNG _____ SEN _____ HSE _____
- BCC _____ SB _____ CDD _____
- OP _____ GCS _____ KH _____ PF _____
- PCT (s) _____
- Show Polling Locations _____

METHOD OF DELIVERY: (Check One)

- _____ Received information upon request
- _____ Will return within _____ days to pick up
- _____ Fax to: _____
- _____ Call _____ when ready
- _____ E-Mail to: _____
- _____ Citizen will call us to verify completion
- _____ Other _____
- _____ Mail to: _____

INFORMATION REQUESTED:

Request Taken by: _____ Amount Due \$ _____

Date Completed: _____ Initials: _____ Picked Up Date: _____

E-Mailed Date: _____