



Town of Windermere

P. O. Drawer 669

614 Main Street

Windermere, FL 34786

Office: 407-876-2563

Fax: 407-876-0103

Record of Request for Examination And/Or Duplication of Public Records

Name of Requester: _____

Address: _____

City/State: _____ **Zip:** _____

Phone: _____ **Fax:** _____ **E-M:** _____

PLEASE LIST THE PUBLIC RECORDS TO BE INSPECTED, EXAMINED, AND/OR DUPLICATED PURSUANT TO FLORIDA STATUTE 119.

Signature of Requestor **Date**

Date of Information Provided: _____

Method of Delivery: _____

Information Provided by: _____

Staff Time Spent on Request: _____

Cost to Requestor: _____

Additional Information:

Signature of Staff Member Providing Public Record

Date