



SPRING HILL FIRE RESCUE & EMS DISTRICT PUBLIC RECORDS REQUEST

Requests may be mailed, personally delivered, faxed or emailed to:
 Spring Hill Fire Rescue District * 3445 Bob Hartung Court * Spring Hill, FL 34606
 (P) 352-754-5800 * (F) 352-688-5034 * (E) publicrecordsrequests@springhillfire.com

Requestor's Information (complete this portion and submit to SHFRD)

Date: _____

Printed Name: _____ Signature: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Description of Request: _____

Type of Request and Fees (SHFRD will compute for citizen's acceptance and payment before work is done)

	Sub - Total		Sub - Total
**The first 9 copies up to 8.5" x 14" are free			
1-sided copies up to 8.5" x 14" _____ x \$.15	\$ _____	Local Fax _____ x \$1.00	\$ _____
2-sided copies up to 8.5" x 14" _____ x \$.20	\$ _____	Long Distance Fax _____ x \$1.00	\$ _____
1-sided copies 11" x 17" _____ x \$.20	\$ _____	Postage (actual cost)	\$ _____
2-sided copies 11" x 17" _____ x \$.25	\$ _____	DVD _____ x \$1.00	\$ _____
Certified copies _____ x \$1.00	\$ _____	CD _____ x \$1.00	\$ _____
Photograph copies _____ x \$.50	\$ _____	Email	NO CHARGE \$ _____
Third-party copies (actual cost)	\$ _____	Other _____	\$ _____
Assistance fee: 15 free minutes then 1/4 employee's hourly rate per 15 minutes thereafter _____ x \$ _____			\$ _____
Fees accepted by: _____ Date _____		Total Cost	\$ _____

SHFRD Comments: _____

Official Use Only

Request accepted by: _____ Date _____ Official Request Number _____

Forwarded to: _____ Date _____ Forwarded to: _____ Date _____

Forwarded to: _____ Date _____ Forwarded to: _____ Date _____

Request approved for distribution by: _____ Date _____

Fee payment accepted by: _____ Date _____

Records released by: _____ Date _____

Released to (Print): _____ Signature/Email: _____