



City Of Pembroke Pines  
Office of the City Clerk  
PUBLIC RECORDS REQUEST

DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**INFORMATION YOU ARE REQUESTING:**

Survey

Just Floor Plan

All Plans

PROPERTY ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ MODEL: \_\_\_\_\_

FOLIO NUMBER: \_\_\_\_\_

Other Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**RESEARCH FEES AND COPY CHARGES (PER ORDINANCE NO. 935)** Copy Charges:

\$0.15 single sided copy / \$0.25 double sided copy.

**RESEARCH CHARGE:** The first half hour of research/copy time is free. If research/copy time exceeds a half hour, the hourly cost of the person doing the research/copying will be charged.

\_\_\_\_\_  
**SIGNATURE**