



*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**