

Early Learning Coalition of Escambia County Office Policies & Procedures

REQUEST FOR PUBLIC RECORDS FORM

ELCEC 1401.3A

The Early Learning Coalition of Escambia County (ELCEC) requires that all employees comply with Florida’s public records law and Sunshine Laws and maintains open records. Details of this policy are contained in the Request for Public Records Policy and Procure, ELCEC 1401.1B. All request shall be made through the Executive Director. Under no circumstances shall confidential records of public clients be provided without their consent.

Requestors may make verbal or written request for public records. Requestors are not required to complete this form. If a requestor elects not to complete this form a Coalition staff member shall use this form to document the request that is being made.

The Coalition is available to provide copies of any records subject to public records request requirements. Additionally, the Coalition is obligated to assess fees for providing copies. The fee is 15 cents per one- or two-sided copy for photocopies no larger than 14 inches by 8 ½ inches. The cost of mailing or shipping the requested material may also be added to the fee, if the requester asks that the material be mailed. The fee for providing information which is already contained in a computer-generated report will be based upon the actual cost to the Coalition for providing the report. The special service charge for time spent processing a request is \$5.00 per 15 minute increment. In addition to the fees described above, an additional charge of \$1.00 per page may be assessed if the requester requests a certified copy of a public record. Fees are payable by cashier’s check or money order and must be collected prior to delivery of the requested material. Cashier checks and money orders must be made payable to the Early Learning Coalition of Escambia County. Personal checks or cash cannot be accepted.

Public records will be available for inspection or copying during reasonable times and under reasonable conditions between 8:00 a.m. and 5:00 p.m., Monday through Thursday and 8:00 a.m. until noon on Friday, excluding published Coalition holidays.

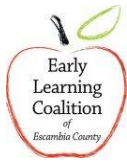
Person Requesting Documents: _____

Contact Information of Requestor: _____

Means of Document Delivery: Pickup Email Postal Overnight

Nature of Request (Please be specific): _____

(Please use the back of this form as a continuation space if request exceeds the space provided.)



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By signing below I acknowledge receipt of this form and its terms and conditions:

Signature of person requesting documents

Date of request

(Note: Neither completion of this form by the requestor, nor their signature, is required as a condition of making a request.)

Signature of ELCEC Staff receiving request

Date of request

Official Use Only:	
# Paper Copies ____ x 0.15 =	\$ _____
# of 15 min. increments labor: ____ x \$5.00 =	\$ _____
Miscellaneous items (Such CD disc, etc.): Cost per item: _____	\$ _____
Total Cost:	\$ _____

I acknowledge receipt of the records requested:

Signature of person requesting documents

Date of receipt

(Note: Neither completion of this form by the requestor, nor their signature, is required as a condition of accepting receipt of the item(s) requested.)

Signature of ELCEC Staff receiving payment

Date of payment receipt and delivery