



**Town of Cutler Bay**  
10720 Caribbean Boulevard  
Suite 105  
Cutler Bay, Florida 33189  
(305)234-4262 Tel  
(305)234-4251 Fax

## Records Request Form

Requests are completed in accordance with the provisions of Chapters 119 and 257 of the Florida Statutes.

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

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

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

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

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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

REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\* **FOR OFFICE USE ONLY** \*\*\*\*\*

DATE REQUEST WAS RECEIVED: \_\_\_\_\_

PERSON WHO RECEIVED THE REQUEST: \_\_\_\_\_

NUMBER OF COPIES: \_\_\_\_\_ PAPER COPY: \_\_\_\_\_ CD: \_\_\_\_\_

DATE REQUEST WAS COMPLETED: \_\_\_\_\_

PERSON WHO COMPLETED THE REQUEST: \_\_\_\_\_