

## SDIRC PUBLIC RECORDS REQUEST

*(Please be as specific as possible. If more space is needed, continue on back of sheet.)*

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Requestor \_\_\_\_\_ Phone \_\_\_\_\_  
Name (optional)

\_\_\_\_\_  
Address

*Note: requestor may remain anonymous, but some method of identification is necessary so we may provide the record to you. (John Doe, Jane Doe, Indian River Citizen, etc.)*

**Description of Records Requested – please be as specific as possible. (approx 150 words)**

*Please indicate your preferred method of delivery*

- Email       US Mail       Call me so I may pick up

RECEIVED BY	Scan or photograph and email to: <a href="mailto:public.records@indianriverschools.org">public.records@indianriverschools.org</a>
DATE/TIME	SEND VIA US MAIL: School District of Indian River County Office of the Superintendent: Public Records 6500 57 <sup>th</sup> Street, Vero Beach FL 32967

**PLEASE DO NOT WRITE BELOW THIS LINE**

*S119.07(4)(d): If the nature or volume of public records requested to be inspected or copied pursuant to this subsection is such as to require extensive use of information technology resources or extensive clerical or supervisory assistance by personnel of the agency involved, or both, the agency may charge, in addition to the actual cost of duplication, a special service charge, which shall be reasonable and shall be based on the cost incurred for such extensive use of information technology resources or the labor cost of the personnel providing the service that is actually incurred by the agency or attributable to the agency for the clerical and supervisory assistance required, or both.*

**Fees for the cost of reproducing public records will be assessed as follows:**

Number of one-sided pages _____	@ .15 cents per page	=	_____
Number of two-sided pages _____	@ .20 cents per page	=	_____
Number of certified/color copies: _____	@ \$1.00 per page	=	_____
DVD/CD _____	@ \$10.00 per item	=	_____
	Labor cost (if applicable)	=	_____
	For all other costs to prepare the public record	=	_____
	Postage/mailing fees	=	_____
	<b>TOTAL DUE</b>	=	_____

**Make checks payable to: School District of Indian River County**  
**Send to: Office of Finance – Public Records 6500 57<sup>th</sup> Street, Vero Beach, FL 32967**

Records/Estimate Requested from: \_\_\_\_\_ Date: \_\_\_\_\_ Records Received: \_\_\_\_\_  
 Date Sent/Picked up by Requestor: \_\_\_\_\_ Estimate Received: \_\_\_\_\_  
 Estimate Sent to Requestor: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Staff Notified to Resume Work: \_\_\_\_\_