

Cory Lakes Community Development District

PUBLIC RECORDS REQUEST FORM

Your Name: _____

Phone Number: _____

Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

postage will be applied if mailed and is to be collected beforehand

If you choose not to fill out the contact information, how would you like to be contacted when information is available? _____

Please indicate your public records request:

Name of documents:

Date range for the requested record: _____

Pursuant to Florida Statute Section 119.07, you may be charged a fee of .15 cents per single-sided copy not larger than 14" by 8.5", an additional .5 cents per two-sided copy, and the actual cost of duplication for all other records. These fees will be due upon presentation of the requested documentation.

If the nature or volume of the public records request to be inspected or copied requires extensive use of information technology resources or extensive clerical or personnel assistance to fulfill, the District may charge the requestor an associated special service fee, in addition to the actual cost of any duplication. In an extensive use situation, you will be asked to pay a portion of the estimated costs prior to the requests being filled and the remainder of the cost shall be due upon the records being made available.

Fees must be paid prior to the redaction and production of records.

Submit filled-in form to: info@gms-tampa.com . Alternatively, mail to: Cory Lakes CDD c/o
GMS Tampa, 4530 Eagle Falls Place, Tampa, FL 33619