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Request for Public Records of Brevard Public Schools REQUESTOR INFORMATION (PLEASE TYPE OR PRINT)

						Today's Date	
Name (First, Middle Initial, Last)				Company Name (If Applicable)			
Street Address				E-mail address			
City, State, ZIP Code			-	Primary Phone Nu	umbei	r Alternate Phone Numbe	
	sire. Attach a se	cond	page if neces	ssary. [Note: Unde	er pui	be as specific as possible a blic records law, the district records.]	
To assist us with proces	ssing your requ				wing		
Personal Use Media	Ļ	_	Commercial l Higher Educa		\mathbb{H}	Legal Union	
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If you checked Commercial	cial Use, pleas	e sta	te the purpo:	se:			
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Format (check as applic	able)						
Electronic			DVD/CD			Duplicated copies	
Fees for the cost of rep	oroducing publ	lic red	cords will be	assessed as foll	lows	•	
\$0.15-Single Side Copy				\$5.00 – DVD/CD	0113	\$1.00-Certified Copy	
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if it requires more than f							
including redaction serv	rices.						
A special service charge					nolo	gy resources and/or	
labor cost of the personr	nel providing the	eserv	rice as permit	ted by State law.			
Requestor Signature					_ [Date	
If the form is being sent electr	ronically, then type	ed init	ials are acceptal	ble in place of signat	ure.		
Initial box if sending via	email						
						eceive a digitized version of	
redacted record may re-	quire additional	time	and resource	s, resulting in addi	itiona	al expense.**	