



**BUILDING DEPARTMENT**  
Custodian of Public Records (Permits)

**RECORDS REQUEST FORM**

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

\$5 Cost per page

☐ \$1 Certified copies, each page (when requested)

**There is a \$15.00 research fee for each address/folio and will be invoiced in advance. Prepayment is required to proceed. You may submit this form in person to the Building Department, by fax at 305-593-6614 or by email at [BuildingRecordsClerk@cityofdoral.com](mailto:BuildingRecordsClerk@cityofdoral.com).**

**Person Making Request:**

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Requesting Records for:**

Property Address: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Folio Number: \_\_\_\_\_

Information Requested: \_\_\_\_\_

I, \_\_\_\_\_ am hereby making a public records request under section 119.07 Florida Statutes for any documents and architectural and/or engineering plans filed under the property information listed above. I understand that there is a cost involved in obtaining these records and that I will be advised of the costs prior to having records duplicated.

I am also aware that I am obtaining copies of these records for informational purposes, and I will not violate any provisions of federal copyright laws pertaining to these documents.

\_\_\_\_\_  
Signature of Person Making Request

**For Office Use Only**

☐ Research Fee: \$\_\_\_\_\_ Information Cost: \$\_\_\_\_\_ ☐ Charge for CD: \$\_\_\_\_\_

Research Paid: \_\_\_\_\_ Date: \_\_\_\_\_ (☐ Check # \_\_\_\_\_ ☐ Cash ☐ Other) Clerk: \_\_\_\_\_

Balance Paid: \_\_\_\_\_ Date: \_\_\_\_\_ (☐ Check # \_\_\_\_\_ ☐ Cash ☐ Other) Clerk: \_\_\_\_\_

Request Complete by: \_\_\_\_\_ Notified Date: \_\_\_\_\_

This record is exempt from inspection and copying: ☐ in whole or ☐ in-part.

Reason for exemption: \_\_\_\_\_