

Optional Public Records Request Submission Form

(Tracking No. _____-PRR-_____ (for office use))

Please consider using this form to help facilitate your request. It can be sent to:

Public Records Request Office
Office of the Public Defender
407 N. Laura Street
Jacksonville, FL 32202

Pursuant to Chapter 119, Florida Statutes, **none of the information on this form is required;** however, if you choose to make a public records request using this form, please provide a method of contact for the response—it helps us to provide the best response to the request.

In order to provide you with the best response to your request, please carefully consider the information of interest to you. Please know that broad requests may take longer to fulfill and may incur costs. A copy of the Cost Recovery Policy is provided on this website.

CONTACT DETAILS (optional):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone: _____

REQUEST DETAILS: Please provide as much detail as possible about the record(s) being requested. Please us an additional page if necessary:

Date Range of the records requested (ex. from 5/11/13-9/1/13): _____