## **Cory Lakes Community Development District**

## PUBLIC RECORDS REQUEST FORM

Your Name:			
Phone Number:			
Email Address:			
Address:	City:	State:	Zip:
p	ostage will be applied if mailed and is to be	e collected beforehand.	
•	the contact information, how would y		
Please indicate your publ	ic records request:		
Date range for the requested	record:		
not larger than 14" by 8.5	Section 119.07, you may be charge ", an additional .5 cents per two-sia gfees will be due upon presentation	led copy, and the actua	l cost of duplication

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: <u>hello@breezehome.com</u>. Alternatively, mail to: Cory Lakes CDD c/o BreezeHome, 1540 International Parkway, Suite 2000, Lake Mary, FL 32745