Cory Lakes Community Development District

PUBLIC RECORDS REQUEST FORM

Your Name:			
Phone Number:			
Address:	City:	State: Zip:	
	postage will be applied if mailed and is to be	e collected beforehand	
<u>-</u>	ut the contact information, how would y		
Please indicate your pu	blic records request:		
Name of documents:			
Date range for the request	ed record:		

Pursuant to Florida Statue 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: records@hikai.com . Alternatively, mail to: Cory Lakes CDD c/o Kai, 2502 N Rocky Point Dr Suite 1000, Tampa, FL 33607