CITY OF LABELLE, FLORIDA

Public Records Estimate Charges

Department Name _____

Subject: **Public Records Request for** _____

Service Charge:

Position Title:_____

Hourly Rate $ _____

Hours (less initial 15 minutes): _____

Total labor cost: $ _____

Total pages copied: _____

@ $.15 per copy: $_____

*** Estimated Charge:** **$** _____

Total Charge: **$** _____

I agree to pay all charges up to the amount as enumerated above for this Public Records Request. A 80% deposit of the balance is due to begin work. If the estimate is less than the above, a refund will be issued.

_____ _____

Name **Date**

Contact the City Clerk's Office should you have any questions.