## Early Learning Coalition of Florida's Gateway, Inc. Office Policies & Procedures

## REQUEST FOR PUBLIC RECORDS FORM

**ELCFG 2017.1A** 

The Early Learning Coalition of Florida's Gateway (ELCFG) requires that all employees comply with Florida's public records law and Sunshine Laws and maintains open records. Details of this policy are contained in the Request for Public Records Policy and Procedure, ELCFG 2017.1. All request shall be made through the Executive Director. Under no circumstances shall confidential records of public clients be provided without their consent.

Requestors may make verbal or written request for public records. Requestors are not required to complete this form. If a requestor elects not to complete this form a Coalition staff member shall use this form to document the request that is being made.

The Coalition is available to provide copies of any records subject to public records request requirements. Additionally, the Coalition is obligated to assess fees for providing copies. The fee is 15 cents per one- or two-sided copy for photocopies no larger than 14 inches by 8½ inches. The cost of mailing or shipping the requested material may also be added to the fee, if the requester asks that the material be mailed. The fee for providing information which is already contained in a computer-generated report will be based upon the actual cost to the Coalition for providing the report. The special service charge for time spent processing a request is \$5.00 per 15-minute increment. In addition to the fees described above, an additional charge of \$1.00 per page may be assessed if the requester requests a certified copy of a public record. Fees are payable by cashier's check, money order, or personal check and must be collected prior to delivery of the requested material. Checks and money orders must be made payable to the Early Learning Coalition of Florida's Gateway, Inc.

Public records will be available for inspection or copying during reasonable times and under reasonable conditions between 8:00 a.m. and 5:00 p.m., Monday through Thursday and 8:00 a.m. until noon on Friday, excluding published Coalition holidays.

Person Requesting Documents:				
Contact Information of Requestor:				
Means of Document Delivery:	☐ Pickup	□Email	□Postal	□ Overnight
Nature of Request (Please be specific):	1			C
radice of request (rease so specific).				
(Please use continuation space on the ba	ack of this fo	rm if request	exceeds the s	space provided.)
By signing below I acknowledge receip	t of this form	and agree w	ith the conter	nt within:
Signature of person requesting document	nts	Date of	f request	

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(Note: Neitho	er completion of th	is form by the requestor, r	nor their signature, is	required as a conditi	on of making
Signature of	ELCFG Staff recei	ving request	Date of request	<u> </u>	
Official Use	e Only:				
# Copies	x 0.15 =	# of 15 min. increments	x \$5.00 =	Total Cost:	