# *PORT MALABAR HOLIDAY PARK*
# *PUBLIC RECORDS REQUEST*

Name: _____ Phone Number: _____
Address: _____
Street City Zip
Send By: Mail: _____ or Email _____

Pursuant to Florida Constitution Article 1, Section 24 and Florida Statue Chapter 119, I am requesting an opportunity to inspect or obtain copies of public records as noted below.

Describe the records or information requested. Please provide enough detail for District personnel to respond. Be as specific as your knowledge of the available records will allow.

_____
_____
_____
_____
_____
_____

Please allow ten working days for District personnel to process your request. No proprietary information relative to District personnel or property owners will be released. Requested information will be released based on the review and approval by the District Manager, Chairman of the Board or Holiday Park Attorney as needed.

Date Requested: _____ _____
Requestor Signature

For office use only:
Approved: _____ Approved by: _____ Date: _____

Records provided on: _____ By: _____

Denied: _____ Denied by: _____ Date: _____