



**LAKES OF MOUNT DORA
REQUEST FOR
INSPECTION/COPYING OF
OFFICIAL RECORDS
(STATUTE 720.303)**

I request to inspect copy * the following documents:

There is a \$.25 per page copying charge.

Requested by: _____
(Name)

(Address)

(Phone)

Signature: _____ **Date:** _____

Documents Received/Reviewed by Resident on

Total pages: _____ **Total Charge: \$** _____

Resident's Initials