SANTA ROSA COUNTY CLERK OF COURTS AND COMPTROLLER

REQUEST FOR COPIES OR VIEWING OF COURT RECORDS

Per Fla. R. Jud. Admin 2.420(m)

		☐ Attorney of Record
Name:		\square Party to the Case
Email Address:	_ Phone:	-
Today's Date: I wan	nt to \square view the file or \square	copies from the file.
The document(s) I want to view or have copied are as Case Number:	follows:	
Name:		
□Arrest Report		
□Information		
□Judgment/Sentence		
□Entire File		
□Other		
I understand that I will be charged in accordance with	§28.24 Florida Statute,	as follows:
☐ Hard copies not more than 14 inches by 8 ½ inches		
☐ Certified copies of an instrument - \$2.00 each	1 1 0	
☐ All other charges pursuant to statute		
When the document(s) are ready for viewing or pick-u	p, please contact me via	a \square phone or \square email.
Phone Number: Em	ail address:	
If my request includes records containing confidential		
I am an attorney of record or party to the case, I have below has been notarized.	presented identification	i in person or my signature
□ My request is in person and I presented	00.1	shoto identification
		onoto identification.
☐ My request is via mail or email and my signature be	elow is notarized.	
Signature: The forgoing instrument was acknowledged before me	Date:	
The forgoing instrument was acknowledged before me	e this day	of, 20
by, who□is personal	ly known to me or□ha	s produced a driver's licens
as identification.		
NOTARY PUBLIC STATE OF FLORIDA		
Printed Name:		
My Commission Expires:		
Processed by: Date:	·	
□Mailed □E-ma	niled □Picked-up	