



Public Records Request Form

Name: Date:

Address: Phone #:

Email:

I am requesting the following public record from **Volusia County Supervisor of Elections**. A request must "reasonably describe an identifiable record."

RECORD(S) REQUESTED: **Please use a separate form for each public records request**

- Please copy this record and send to the above mailing address.
- Please copy the record and notify me when ready to pick up at 125 West New York Avenue.
- Please email this record to me at the above email address (If available electronically).
- I wish only to review the records in person. Please notify me when the record is available for viewing

Copies of public documents are \$0.15 per page; \$0.20 per page double-sided. Additional fees may be charged for the costs of extensive use of information technology and/or clerical or supervisory personnel. Our office accepts Check, money order or cash. Make payable to **County of Volusia**. Postage costs are additional.

Estimated payment may be required before the records request will be processed and payment in full is required before disclosure of records.

Send completed form to **Lisa Lewis, Supervisor of Elections:** llewis@volusia.org or mail or hand-delivery to Supervisor of Elections Office, 125 W. New York Ave, DeLand, FL 32720; or fax to 386.943.7073

Office Use Only: Received by: _____ Date Received _____ Date Completed _____

- Records Available
- No Records Exist Responsive to this Request