

SANTA ROSA COUNTY CLERK OF COURTS AND COMPTROLLER
REQUEST FOR COPIES OR VIEWING OF COURT RECORDS

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

If you would like to view documents online, please use Search Public Records Online

Name: _____ Check if applicable: Attorney of Record
 Party to the Case
Email Address: _____ Phone: _____
Today's Date: _____ I want to view the file or copies from the file.

The document(s) I want to view or have copied are as follows:

Case Number: _____
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 - \$1.00 per page
- Certified copies of an instrument - \$2.00 each
- All other charges pursuant to statute

When the document(s) are ready for viewing or pick-up, please contact me via phone or email.

Phone Number: _____ Email address: _____

If my request includes records containing confidential information as defined by Fla. R. Jud. Admin. and I am an attorney of record or party to the case, I have presented identification in person or my signature below has been notarized.

- My request is in person and I presented _____ as photo identification.
- My request is via mail or email and my signature below is notarized.

Signature: _____ Date: _____

The forgoing instrument was acknowledged before me this _____ day of _____, 20____
by _____, who is personally known to me or has produced a driver's license
as identification.

NOTARY PUBLIC STATE OF FLORIDA

Printed Name: _____

My Commission Expires: _____

Processed by: _____ Date: _____

- Mailed E-mailed Picked-up