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: _____ Check if applicable: ☐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.

State of _____

County of _____

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