

SANTA ROSA COUNTY CLERK OF COURTS AND COMPTROLLER

REQUEST FOR COPIES OR VIEWING OF COURT RECORDS

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

Name: _____ Check if applicable: ☐ Attorney of Record
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