

Sanford Police Department

PUBLIC RECORDS REQUEST/VIDEO COPY & REDACTION

Please be advised that your request would require extensive time and research to provide the video for inspection and/or copying. Redacting any exempt or confidential information will be necessary and will require additional time. Pursuant to §119.07(4)(d), Florida Statutes, compliance with your request as written will result in a special service charge representing the labor costs actually incurred by this agency for clerical and supervisory assistance attributable to your request. **A deposit of \$150.00 is required and will be deposited at the start of the of the work order. The first fifteen minutes of labor is free of charge and then a fee will be assessed at \$25.00 per hour(\$6.25 for every 15 minute block of video redaction). Please note that the fees may increase depending on the amount of time it will take to actually research and redact the records necessitated by your request. If the deposit amount is exceeded, additional monies will be requested prior to continued redaction of the video. Full refunds of the deposit will not be given once the labor/research for the request has begun.** Any extra monies will be refunded to you at the end of the fulfillment of the public record request. Please note that if a deposit is not received within 30 days we will consider your request withdrawn.

Date of Request: _____
Records Requested: _____
Event/Case Number: _____
Date & Time of the Event: _____

Pursuant to §119.07(4)(d), Florida Statutes, states records requests can be made anonymously and without providing reason. The questions below are optional, and only presented to determine whether or not you may qualify to receive exempt information contained within the video that otherwise is confidential.

Requestor: _____

Requestor's Phone Number: _____

Is the Requestor in the Video? _____

Was the location in the video the Requestor's Residence? _____

Did the Requestor Receive Medical Care? _____

If so, Verify the ID of the Requestor.

Was the ID Verified? _____ yes _____ no. n/a

FOR RECORDS USE ONLY:

OFFICER	FILE NAME	DATE/START TIME	DURATION

Send payment to:

Sanford Police Department

Records Division

815 Historic Goldsboro Blvd.

Sanford, Florida 32771

Ref: Public Records Request/ Video Request

Deposit Paid: _____

Amount Paid: _____

Received by: _____