



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Revised March 2011

(OGC-1) 63F-10.004

Records Request Charges

Invoice Number:

Requestor:

Shipping Information:

Contact Number:

Fax:

Email:

Date of Request:

Date of Invoice:

DJJ Staff Contact:

Office Number:

Documents Requested:

Number of Pages:	\$0.15/pg (Copy)	= \$
Number of Pages:	\$0.35/pg (Redaction)	= \$
Attorney Review (If Applicable)	\$35.00/Hour	= \$
Special Service Charge:		= \$

The service charge applicable to this request for extensive use of clerical or supervisory labor or extensive information technology resource has been applied. Please see Florida Statute Section 119.07(4)(d), F.S. regarding the application of this fee. This Office is requesting a deposit prior to production of this request.

SUBTOTAL = \$

Upon receipt of payment this office will commence collecting, copying and/or redacting documents or video footage responsive to your request. At the conclusion of this process, DJJ will report the total amount due less the deposit amount. **If you would like to reduce or limit the scope of your request please contact our DJJ staff.**

DEPOSIT AMOUNT DUE - \$

Shipping & Handling: [requestors' Fed Ex #] -or- = \$

Shipping & Handling: 1 -20 pages \$2.00 add \$1.00 per 20 pages thereafter

CD-ROM: \$0.85 Each DVD: \$1.15 Each Cassette Tape Rate: \$5.00 Each Video Tape Rate: \$10.00 Each = \$

ESTIMATE or TOTAL AMOUNT DUE = \$

Comments:

Please make checks payable to: Department of Juvenile Justice (DJJ) and send to the address below. Attention:

For Office Use Only

Requestor:

Received Date:

Amount: \$

Check #

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850
<http://www.djj.state.fl.us>