



PUBLIC RECORDS REQUEST RESPONSE / INVOICE

Requester:

Date:

Company:

Phone No.:

Address:

Fax No.:

City, State, Zip:

Request Type:

Records Custodian /
Responding Employee (ccn):

Records
Requested:

Disposition:

Date Completed:

Duplicaton Costs:

Copies: No. of pages: Rate: Total:

Labor: Time (in hours): Rate: Total:

Grand Total:

Please make your check payable to:
Broward County Sheriff's Office

**Note: If this is an estimate, the actual cost
may vary upon final production of records**

Exemptions from public records disclosure that have been applied to the request:

- | | |
|---|--|
| <input type="checkbox"/> Active criminal investigative/intelligence information - §119.071 (2)(c) | <input type="checkbox"/> ID of undercover personnel - §119.071(4)(c) |
| <input type="checkbox"/> Active internal affairs investigation - §112.533(2)(a) (sworn); §119.071(2)(k)1 (civilian) | <input type="checkbox"/> ID of victim of child abuse - §119.071(2)(h)1.a. |
| <input type="checkbox"/> Autopsy photographs - §406.135(1) | <input type="checkbox"/> ID of victim of sexual offense - §119.071(h)1.b. |
| <input type="checkbox"/> Biometric identification information - §119.071(5)(g) | <input type="checkbox"/> Juvenile records - §985.04 |
| <input type="checkbox"/> Child abuse, abandonment, neglect reports - §39.202(1) | <input type="checkbox"/> Killing of person, records depicting - §406.136(2) |
| <input type="checkbox"/> Confession by defendant on active case - §119.071(2)(e) | <input type="checkbox"/> Medical records - §395.3025; §456.057 |
| <input type="checkbox"/> Criminal History Data (FCIC/NCIC) - §943.0525; FAC 11C-6.004 | <input type="checkbox"/> Security system plan information - §119.071(3) |
| <input type="checkbox"/> Exam questions and answer sheets - §119.071(1)(a) | <input type="checkbox"/> Sex offense victim-photo, video, image of - §119.071(2)(h)1.c |
| <input type="checkbox"/> Financial records - §119.071(5)(b); §655.059 | <input type="checkbox"/> Social Security Numbers - §119.071(5)(a) |
| <input type="checkbox"/> Home address, phone number, ssn, date of birth, and photo of active/former law enforcement personnel - §119.071(4)(d)2.a.(I) | <input type="checkbox"/> Surveillance techniques, procedures - §119.071(2)(d) |
| <input type="checkbox"/> ID of caller to "911" - §365.171(12) | <input type="checkbox"/> Traffic crash report w/in 60 days of report - §316.066(2)(a) |
| <input type="checkbox"/> ID of confidential informant or confidential source - §119.071(2)(f) | <input type="checkbox"/> Other: <input type="text"/> |