Public Request Form

Requestor's Name:_____
Last First

Address:_____
City State Zip

Phone Number (s): (C):_____(H):_____

Email Address:_____

Request made: ____ in writing ____ by telephone ____ in person

_____ I request to view the following documents:

_____
_____
_____
_____

_____ I request copies of the following documents:

_____
_____
_____
_____

Date of request:_____ Employee assisting:_____

Charge:_____

I certify that I have returned all original documents provided to me for my review by the City of North Miami.

_____
Signature of requestor

776 NE 125 Street | North Miami | Florida | 33161 305.895.9817 Fax: 305-899-0497