COPY REQUEST FORM

Date:						
Name:		Pho	Phone Number:			
	shier's check. All			wments. All fees are payamust be payable to: Clerk		
Copy requests recesself-addressed, sta		l must inclu	de: (1) a completed requ	uest form, (2) payment, and	d (3) a	
Miscellaneous Fe	es:					
Photocopies: \$0.5 Certification fee (p): \$12.00				
Pickup Locations	<u>:</u>					
Jacksonville: 300 N. Hogan Street Suite 3-150 Jacksonville, FL 32202		Orlando: 400 W. Washington Street Suite 5100 Orlando, FL 32801		Tampa or Ft. Myers: 801 N. Florida Avenue Suite 555 Tampa, FL 33602		
Requested Items:						
Case name:	Case r			number:		
DOCUMENT NUMBER	TITLE OF DO	CUMENT	ALL PAGES OR SPECIFIC PAGES	CERTIFICATION (YES OR NO)		
Total Cost:						