PUBLIC RECORD REQUEST FORM

First Name	
Last Name	
Street Address	
City	
State	
Zip Code	
Contact Number	
Email Address	
Organization, Company or Media Outlet (if applicable)	
Date Range of the Records request (e.g. from 1/1/12 – 6/30/12)	
Please Provide as much detail as possible about the record(s) being requested	

Administration
121 West Forsyth St.,Suite 200
Jacksonville, Fl 32202

Main: (904) 630-3181
Fax: (904) 630-3166
www.jtafla.com

Operations
P.O. Drawer "0" 100 N. Myrtle Ave.
Jacksonville, FL 32203