



DEPARTMENT OF ENVIRONMENTAL PROTECTION

BUREAU OF BEACHES AND COASTAL SYSTEMS

REQUEST FOR COPIES OF RECORDS

Please Print

NAME:	ADDRESS:
REPRESENTING:	

I hereby request copies of the following records:

PERMITTEE NAME: _____ FILE NUMBER: _____

_____ Date _____ Signature

BUREAU OF BEACHES AND COASTAL SYSTEMS USE ONLY:

Date Request Received: _____

Total Letter or Legal Sized Copies (one sided) _____ X .15 = \$ _____

Total Letter or Legal Sized Copies (two sided) _____ - 2 X .20 = \$ _____

Total Oversized Copies _____ X 1.80 = \$ _____

Total Certified Copies _____ X 1.00 = \$ _____

Other _____ X _____ = \$ _____
(Specify)

Estimated Extensive Use Charges:

Type: Clerical (_____) _____ hrs. @ \$ _____ per hr. = \$ _____

Supervisory (_____) _____ hrs. @ \$ _____ per hr. = \$ _____

Other (_____) _____ hrs. @ \$ _____ per hr. = \$ _____

Subtotal = \$ _____

Estimated Postage or Shipping Charge = \$ _____

Total = \$ _____

Payment Received By: _____ Date: _____