



**BOCA RATON AIRPORT AUTHORITY  
PUBLIC RECORDS REQUEST FORM**

Name:	Today's Date:
Mailing Address:	
Phone Number:	E-Mail:
Company Name:	FAX Number:

Description of Documentation/Information Requested *(Please be as specific as possible):*

Please Mail to: Boca Raton Airport Authority, 903 NW 35th Street, Boca Raton, FL 33431  
E-Mail to: [Christine@bocaairport.com](mailto:Christine@bocaairport.com) or FAX to: (561) 391-2238. Call (561) 391-2202 with questions on this form.

*As defined in Section 119, Florida Statutes, the Airport Authority reserves the right to charge a fee of \$0.15 per copy for duplication of records. In addition, if the nature or volume of public records to be copied or inspected requires the extensive use of information technology resources or extensive clerical or supervisory assistance, or both, a service charge shall apply.*

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Legal Approval: \_\_\_\_\_ Date: \_\_\_\_\_

PRR Completed: \_\_\_\_\_ Date: \_\_\_\_\_