



REQUEST FOR FILE DOCUMENTATION

DEPARTMENT OF DOCUMENT CONTROL AND EDUCATIONAL FACILITIES ADMINISTRATION

155 N. E. 15th Street • Room P102 • Miami, Florida 33132 • Phone (305) 995-4683 • Fax (305) 995-4730 and (305)995-4717

• E-mail - dc@facil.dade.k12.fl.us •

1. REQUESTOR'S INFORMATION

Name: _____ Signature: _____ Date: _____

Organization: _____

Address: _____ City: _____

Phone: _____ Fax: _____ Email: _____

Is this public record request related to any litigation? No Yes

If the answer is yes, access will be coordinated through the Staff Attorney's Office at (305) 995-4755.

2. AUTHORIZATION

Printing Coping Withdraw in House Withdraw from Premises

Name: _____ Signature: _____ Date: _____

Doc. Control: _____ Signature: _____ Date: _____

3. DOCUMENT REQUESTED INFORMATION

Facility Name: _____ Work Location No.: _____

Project No.: _____ Fund No.: _____

Project Name: _____

Type of Request: Access (*View Only*) Reproduce/Copy Withdraw (*Documentation*)

Documents Requested: Paper Doc Elect Doc Specs Engineer Report Photos Shop Drawings

Other: _____

Drawings: _____ Sheets/Pages

Life/Safety _____ Civil _____

Architectural _____ Structural _____

Electrical _____ Plumbing _____

Mechanical _____ Survey _____

4. DISTRIBUTION

Name: _____ Phone: _____

Prt.	Sep.	Vel.	Myl.	Xer.	CD
___	___	___	___	___	___

Address: _____

Copies to: Document Control Architect Engineer Other: _____

Name: _____ Phone: _____

Prt.	Sep.	Vel.	Myl.	Xer.	CD
___	___	___	___	___	___

Address: _____

Copies to: Document Control Architect Engineer Other: _____

5. WITHDRAWAL INFORMATION (Circle documents in section 3 which are being removed from Document Control.)

Documents Received by:

Name: _____ Signature: _____ Date: _____

Organization: _____ Address: _____

Documents Returned/Received by Document Control:

Name: _____ Signature: _____ Date: _____

Comments: _____
