



**CITY OF LAKE BUTLER
OFFICE OF THE CITY CLERK
REQUEST FOR PUBLIC RECORD**

Contact Information

Name _____

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Description of Request

Signature _____ Date of Request _____

**Please return all request to City Hall at 200 SW 1st St. Lake Butler, FL 32054, or by email to
abrown@cityoflakebutler.com.**

The City of Lake Butler permits inspection and examination of public records by any person(s) desiring to do so, under reasonable conditions, at any reasonable time under the supervision of the Custodian of the public record or the Custodian's designee.

Cost of Duplication

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