

City of Hialeah Gardens City Clerk's Office

Request for Public Records

10001 N.W. 87th Avenue, Hialeah Gardens, FL 33016 **Phone** (305) 558-4114 **Fax** (305) 819-5315

REQUESTED BY:

Name:

Address:	
Telephone:	
Fax:	
Email Address:	
Date:	
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INFORMATION F	REQUESTED:
Building Departr	<u>nent</u>
Property or Busir	ness Name:
Address:	
Permit #:	
Folio #:	
Subdivision or Co	omplex Name:
Model Name:	
Records Needed	

Business Tax Receipt

Business Name:	
Address:	
License #:	
Previous Owner Name	
Previous Business Nam	e:
Records Needed:	
City Council Meetings	
Minutes	
Agenda	
Audio or Hard Copy:	
Date of Meeting:	
Code Compliance Dep	<u>irtment</u>
Case #:	
Case Name:	
Property Address:	
Description:	
O.M.B. Department	
Payroll Information:	
Financial Statement/Au	dit, Year:
Budget Report, Year:	
Other:	

Personnel Department Personnel File: **Employee Name:** Other: **Planning and Zoning Board Meetings** Minutes Agenda Audio or Hard Copy: Date of Meeting: **Technical Review Committee Meetings** Minutes Agenda Audio or Hard Copy: Date of Meeting: **Other**

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