

PUBLIC RECORDS REQUEST

_____, 2012

Pete Mallison
Attention: Public Records Custodian
Agency for Persons with Disabilities
4030 Esplanade Way, Suite 360
Tallahassee, FL 32399-0950
Fax: (850) 410-0665
Email: Pete_Mallison@dcf.state.fl.us

RE: (NAME of Child or Ward) _____

Medicaid # _____

Dear Mr. Mallison,

Under Article 1, Section 24, of the Florida Constitution, and Florida Statute Chapter 119, I am requesting copies of the public records available that show the amount my child's (or ward's) cost plan will be if APD implements the iBudget using Option A that was discussed at the December 9, 2011 public meeting.

If you deny my request, please state in writing the basis for your denial including the statutory citation authorizing the denial, as required by Florida Statute section 119.07(2).

Please contact me within 7 days to discuss when I may expect fulfillment of my request, as well as payment of any statutorily-prescribed fees.

If you have a question in the meantime, please contact me at:

Phone: _____

Email: _____

Thank you in advance for your cooperation and assistance.

Sincerely,

Name: _____

Address: _____

City: _____ **Zip:** _____

Signature: _____