STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

ORDER FORM

District Five Contracts Administration

Phone: (386) 943-5514

Email Address: <u>D5FCOProcurement@dot.state.fl.us</u>

Exempt Documents - Section 119.071(3) (b) Florida Statutes, provides:

Building plans, blueprints, schematic drawings, and diagrams, including draft, preliminary, and final formats, which depict the internal layout and structural elements of a building, arena, stadium, water treatment facility, or other structure owned or operated by an agency are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This exemption applies to building plans, blueprints, schematic drawings, and diagrams, including draft, preliminary, and final formats, which depict the internal layout and structural elements of a building, arena, stadium, water treatment facility, or other structure owned or operated by an agency before, on, or after the effective date of this act. Information made exempt by this paragraph may be disclosed to another governmental entity if disclosure is necessary for the receiving entity to perform its duties and responsibilities; to a licensed architect, engineer, or contractor who is performing work on or related to the building, arena, stadium, water treatment facility, or other structure owned or operated by an agency; or upon a showing of good cause before a court of competent jurisdiction. The entities or persons receiving such information shall maintain the exempt status of the information.

Check one: Licensed	_ArchitectEngineer _	Contractor	
Other: (please state nature of	of business)		
Company/Entity Name:			
Address:			
Phone Number:			
Fax Number:			
Email Address:			
Letting Date	Proposal ID / Financial Project Number	Bidding Documents including Plans & Specs (Prime Contractor Only)	Plans & Specs Only (Subcontractors/Suppliers)
January 25, 2021	E-5L30 / 446735-1-52-01		
Signature required for receip		dh can de natan d'the each material	
	esentative of the above entity, fut tain the exempt status of this inf		
Name of person receiving re	cords:		
(Printed)			
Signature:		Date:	