

ORDER FORM

Central Office Contracts Administration

Phone: (850) 414-4000

Fax Number: (850) 414-4947

Email Address: Contracts.Admin@dot.state.fl.us**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 Architect Engineer Contractor

Other: (please state nature 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)
November 6, 2024	F9099 450288-1-52-01		

Signature required for receipt of the above records.

I, personally, and/or as representative of the above entity, fully understand the exempt nature of the public records I am receiving and agree to maintain the exempt status of this information in accordance with Florida law.

Name of person receiving records:

(Printed) _____

Signature: _____ Date: _____