



VILLAGE OF PALMETTO BAY  
9705 E. HIBISCUS STREET  
PALMETTO BAY, FLORIDA 33157  
(305) 259-1234 Fax: (305) 259-1290

**REQUEST FOR PUBLIC RECORDS**

Requests are filled in accordance with the provisions of Chapters 119 and 257, Florida Statutes.

DATE: 12-17-20

NAME: Matt Troha

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: 937-572-9628 FAX: \_\_\_\_\_

EMAIL: mattwtroha@gmail.com

REQUEST (Attach additional page, if necessary): Copies of the following documents:

\* Please see attached email

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FOR USE BY VILLAGE STAFF ONLY

TRACKING NO.: 2020-358

DATE FORWARDED: 12-17-20

ASSIGNED DEPT: Building

DATE REQUEST FILLED: \_\_\_\_\_

NUMBER OF COPIES: \_\_\_\_\_

ESTIMATED TIME (IF APPLICABLE): \_\_\_\_\_

ESTIMATED COST: \_\_\_\_\_

HOW WAS REQUEST FILLED? \_\_\_\_\_

IF NOT FILLED, REASON: \_\_\_\_\_

BY: \_\_\_\_\_

## Melissa Dodge

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**From:** Matt Troha <mattwtroha@gmail.com>  
**Sent:** Thursday, December 17, 2020 10:33 AM  
**To:** Melissa Dodge  
**Cc:** Marelú Mota Essig  
**Subject:** [EXT] 8420 SW 146th Street, Palmetto Bay, FL 33158  
**Attachments:** Records Request.tif

**CAUTION: EXTERNAL SENDER -- Please avoid opening any unexpected attachments or clicking any strange links.**

Hello,

Please find attached request for floor plans for the house listed in subject. If you should require any additional information please advise.

We are currently under contract (I am the buyer). May you kindly advise the estimated time before we may receive?

Thank you,

Matt Troha  
[mattwtroha@gmail.com](mailto:mattwtroha@gmail.com)



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**REQUEST FOR PUBLIC RECORDS**

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DATE: 12/17/2020  
NAME: Matthew Troha  
COMPANY: N/A  
ADDRESS: 8420 SW 146th Street, Palmetto Bay, Florida 33158  
PHONE: 937-572-9628 FAX: \_\_\_\_\_  
EMAIL: mattwtroha@gmail.com

REQUEST (Attach additional page, if necessary): Copies of the following documents:

Floor Plans including any additions to the property.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FOR USE BY VILLAGE STAFF:

DATE REQUEST FILLED: \_\_\_\_\_ NUMBER OF COPIES: \_\_\_\_\_  
HOW WAS REQUEST FILLED? \_\_\_\_\_

IF NOT FILLED, REASON: \_\_\_\_\_  
\_\_\_\_\_

BY: \_\_\_\_\_