



MIAMI-DADE EXPRESSWAY AUTHORITY

3790 NW 21 St. // Miami, FL 33142

www.mdxway.com

**EXEMPT DOCUMENTS REQUEST FORM**

The documents being requested or received are exempt from public disclosure pursuant to Chapter 119.071(3) (a) & (b), Florida Statutes (“Exempt Documents”). The Exempt Documents may be released by MDX for purposes related to work being performed for or required by MDX, or for work related to MDX’s structures.

The following information is required to support this request or receipt of the Exempt Documents. Completion of this form and a signature are required before the Exempt Documents will be released.

- A. Entity’s Information:**       Architect                       Engineer                       Contractor
- Federal                               Government
- Other \_\_\_\_\_ (specify)

Name of Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

**B. Documents Requested (description of material, project name, project number):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. Reason for Requesting Exempt Documents/Intended Use:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**D. Recipient Certification:** I, as an authorized officer of the above entity, fully understand the nature of the Exempt Documents I am receiving and agree to comply with the disclosure restrictions that relate to the exempt status of this information in accordance with Florida law and the confidential and exempt nature of the Documents I am receiving and agree to comply with the disclosure restrictions required by the confidential and exempt status of these Documents in accordance with Florida law.

By: \_\_\_\_\_  
**Authorized Signature** **Title**  
\_\_\_\_\_ \_\_\_\_\_  
**Print Name** **Date**

**E. Method of Receiving Plans/Documents:**  
\_\_\_\_\_

**F. Signature of Person Receiving Plans/Documents:** \_\_\_\_\_

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**FOR MDX USE ONLY**

**Driver's License or Photo Identification Number of Entity's Agent:**

\_\_\_\_\_

**MDX Authorized Representative Providing the Documentation:**

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_