



Public Records Request Form

Auburn City Hall • 144 Tichenor Avenue, Suite 1 • Auburn, AL 36830
(334) 501-7260 • (334) 501-7299 FAX • www.auburnalabama.org

Please complete all information in the fields provided (type or print). Completed forms may be submitted by mail or in-person to Auburn City Hall, Attn: Public Records, 144 Tichenor Avenue, Suite 1, Auburn, AL 36830.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I request (to):

Inspect the following public records of the City of Auburn. I agree that I will not cause harm or damage to any public record. I agree that these records will not be removed from City premises at any time, and that review is subject to limitations as described in the General Information Notice for Requesters. I understand that I will be required to pay fees as described on the fee schedule if my request is deemed time-intensive.

Copies of the following public records of the City of Auburn. I understand that I will be required to pay fees as described on the fee schedule.

Electronic Copies - If available, please provide electronic copies of documents. I understand that electronic documents will likely be provided in PDF format.

The City of Auburn reserves the right to require inspection before copies are provided.

Document(s):

Description of document(s) requested _____

Reason for request _____

The Alabama Open Records Act and related case law allows municipalities to require a reason be provided to show a direct, legitimate interest in the specific document(s) requested. Statements should communicate a direct interest in the specific materials requested (i.e. "I am a student doing a paper on...") and should not be general statements of entitlement (i.e. "I am a taxpayer" or "It is a public document.").

The requestor(s) will be notified:

- 1) Of the estimated costs associated with completing the request.*
- 2) If their request is expected to take longer than five business days.
- 3) Upon completion of the request.

**Estimates exceeding \$50 will require a deposit of half the estimated amount. Please see the General Information Notice for details.*

By signing below, you indicate that you have read and agree with the "Disclaimer & Use Information" statement on the General Information Notice.

Signature _____

Date _____

FOR STAFF USE ONLY

Request **Approved** **Denied**

Department Responsible _____

Estimated Time to Complete _____ **Actual Time to Complete** _____

Estimated Completion Date _____ **Actual Completion Date** _____

Is this a time-intensive request? _____ **Deposit Required** _____ **Amount \$** _____

Notes _____

Upon Completion

Paid \$ _____ **Receipt Provided** _____ **Total Page Count** _____

Description of Documents Provided

Please list or describe all documents provided to the requestor.

Records Custodian Signature

Date

PLEASE FORWARD COMPLETED FORM TO OCM