

CITY OF SMITHS STATION
POST OFFICE BOX 250
SMITHS STATION, AL 36877



PUBLIC RECORDS REQUEST FORM

Complete all information on this form. Completed forms may be submitted by mail or in person to City Clerk, City of Smiths Station, P.O. Box 250, Smiths Station, AL 36877.

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

TELEPHONE #: _____

EMAIL: _____

I REQUEST (TO)

- o *Inspect* the following records of the City of Smiths Station. I agree I will not cause harm or damage to any public record. I further agree that these records will not be removed from City premises at any time, and the said review is subject to limitations as described the General Information Notice for Requesters* and agree I may be liable to pay fees if my request is deemed time-intensive.
- o *Copies* of the following described public records of the City of Smiths Station. I understand I will be required to pay fees associated with photo copying public records as permitted in Section 41-13-43, Code of Alabama 1975, as amended.

DOCUMENT (S)

Description of document (s) requested: _____

Reason for request: _____

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

*The City of Smiths Station provides information in response to Public Records Requests in good faith with no warranty, expressed or implied, concerning content, accuracy, currency or completeness. It does not accept any liability arising from incorrect, incomplete or misleading information or improper use. Use or interpretation of the data is solely the Requestor's responsibility. As applicable, the City shall retain all rights, title, and interest in the information.

By signing below, you indicate that you have read and agree with the General Information Notice for Requesters Disclaimer above.

Signature of Applicant

Date

CITY OF SMITHS STATION STAFF ONLY

Request: _____ **Approved:** _____ **Denied:** _____

Department Responsible: _____

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

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

Is this a time sensitive request? Yes: _____ **No:** _____

Notes:

Description of Documents Provided (List or describe *all* documents provided to requestor)

Amount Paid \$ _____ **Total Page Count:** _____ **Receipt #** _____

City of Smiths Station Employee **Date**