

CITY OF SMITHS STATION REQUEST FOR ACCESS TO PUBLIC RECORDS

TO: THE CITY CLERK OF THE CITY OF SMITHS STATION, ALABAMA.

The undersigned wishes to examine the following public records of the City of Smiths Station.

The purpose of this examination is: _____

I recognize the City must provide security of public records and must make available an employee of the city during the examination of such records. I understand there is a charge for requested copies, as set forth in the schedule below. I agree to pay the fee for the copies as this policy sets out.

Signature

Name Printed

Address

City State Zip

Phone Number

Date copies received/records examined

COST OF COPIES

1 to 4 pages	\$1.00 PER PAGE
All additional pages	\$0.50 PER PAGE

RESPONSE TO PUBLIC RECORD REQUESTS

DATE OF EXAMINATION: _____ **TIME OF EXAMINATION:** _____

NUMBER OF COPIES: _____ **COST: \$** _____

DESCRIPTION OF COPIES RECEIVED: _____

DATE APPROVED: _____

BY: _____
NAME/TITLE