



City of Auburn

Public Records Request Form

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

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

Name (First and Last) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Notice:

The City of Auburn reserves the right to require inspection of record(s) before a copy is given. Upon inspection, 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 Requests.
I understand that there may be fees associated with this request.

Document(s):

Description of document(s) requested _____

The person seeking access to Public Records may legally be required to show a direct, legitimate interest in the document(s) sought (Brewer v. Watson, 71 Ala. 299 (Ala.1882)). Statements should be specific (e.g. "Case records for employment background check"), and should not be general (e.g. "I am a taxpayer" or "It's a public record").

Reason for request _____

The requestor(s) will be notified upon completion of the request.

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

Signature

Date

Please See Reverse (Staff Only)

FOR STAFF USE ONLY

Request Approved Denied

Department Responsible _____

Time to Complete _____

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, and attach any copies of provided documents.

Records Custodian Signature

Date

**PLEASE FORWARD COMPLETED FORM TO
OCM: ATTN: David Dorton**