



## Request for Access to Public Records

*Valid reasons for reviewing public records must be provided in order that we may analyze the efforts needed to maintain certain public records and to ensure that public employee time is not wasted.*

I request to review the following public records of the Town of Falkville:

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The reason(s) that I desire to review these records is/are:

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This request to review and obtain the aforementioned public records of the Town of Falkville is made by:  
*Please print your name, address, and telephone number.*

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Ordinance #93-4 states there is a retrieval fee of \$2.00 and a copy fee of 25¢ per page – not certified. For a certified copy there is an additional \$2.00 fee. Documents that are not readily available and need to be searched for, the retrieval fee is equal to \$10.00 per hour.

\_\_\_\_\_ **Requesting a non-certified copy**

\_\_\_\_\_ **Requesting a certified copy**

I agree that I shall not cause harm, damage, or make any changes to any public record received from the Town of Falkville.

\_\_\_\_\_  
*Signature of Person Making This Request*

\_\_\_\_\_  
*Date*

### **For Official Use Only:**

Request Approved \_\_\_\_\_

Request Denied \_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date