



# REQUEST FOR INFORMATION OR PUBLIC RECORDS

City of Prattville  
101 West Main Street □ Prattville, Alabama 36067  
(334) 595-0120

[Completed forms may be mailed or submitted in person to address above, emailed to [cityclerk@prattvilleal.gov](mailto:cityclerk@prattvilleal.gov), or faxed to (334) 361-3608.]

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email: \_\_\_\_\_

I hereby request to ( ) review or ( ) obtain a copy of the following public records or information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Please describe the information or document(s) requested as specifically as possible.]

Reason/Purpose for Request: \_\_\_\_\_

[The City recognizes and supports the public's right to inspect and request copies of public records in accordance with state law. Many public records are available on the City's website: [www.prattvilleal.gov](http://www.prattvilleal.gov). Your response will help us communicate valuable information more effectively.]

*I understand the charge for copies is fifty cents (\$0.50) per page. If available in digital format, I may choose to have any single document comprising of ten (10) or more pages copied to a compact disc at a cost of twenty-five dollars (\$25.00). If a request becomes time-intensive, defined as requiring more than one (1) hour of employee time to complete, a fee of \$30 per hour will be charged beginning with the second hour. Partial hours will be rounded to the next full hour.* I choose to have copies provided on a disc: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE OF REQUEST**

For Employee Use Only:

\_\_\_\_ Request Approved  
\_\_\_\_ Request Denied for the following reason(s): \_\_\_\_\_  
\_\_\_\_ Request Delayed – Research or review will be necessary

\_\_\_\_\_  
**CITY CLERK/DEPARTMENT HEAD**

\_\_\_\_\_  
**DATE**

**Record of Public Records Copied and Released:**

\_\_\_\_ copies @ \$0.50/page      \_\_\_\_ discs @ \$25.00/each      \_\_\_\_ research hours @ \$30.00/each

**TOTAL AMOUNT:** \$ \_\_\_\_\_      **RECEIPT #** \_\_\_\_\_      **DATE:** \_\_\_\_\_

**Records sent by:** \_\_\_\_ Email \_\_\_\_ Mail      **Date:** \_\_\_\_\_      **Signature:** \_\_\_\_\_

**Records Hand Delivered:**

**Date:** \_\_\_\_\_      **Received by:** \_\_\_\_\_      Revised 12/2013