

CITY OF TUSCALOOSA
REQUEST FOR ACCESS TO PUBLIC RECORDS
(See other side for important information)
(PLEASE PRINT)

Name: _____
Address: _____
Phone No: _____

THIS FORM SHOULD BE SUBMITTED TO THE DEPARTMENT WHICH HAS CUSTODY OF THE PUBLIC RECORDS REQUESTED.

1. I request to inspect the following public records of the City of Tuscaloosa.

2. I request to have copies made of the following public records of the City of Tuscaloosa. I understand that the first ten (10) pages are free, there is a \$.25 charge for each page thereafter, for 8½" X 11" or 8½" X 14". Actual cost will be charged for other sized or formatted documents.

I also understand that if City staff time is required to respond to my request; the first (1) hour is free and there will be a charge of \$10.00 per hour or portion thereof, per employee, thereafter.

NOTICE: Staff time responding to requests for public records which are not specifically identified or which by their volume, size or format require effort by employees to research, identify, copy and/or redact, or determining whether an exemption applies, will be replied to as soon as reasonably practical. Provided; however, such efforts will be performed in a manner and at a time so as not to interfere with the normal operations of the City or the job duties of City employees.

Date Signed

This space is for office use only.

- Request Approved.
- Request Denied for the following reasons: _____
- Request Delayed - Research or review will be necessary.

Date Signed; City Department Head