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)

Updated May 2019
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