



CITY OF SELMA
 222 BROAD STREET
 P.O. BOX 450
 SELMA, ALABAMA 36702
 334-874-2102
 WWW.SELMA-AL.GOV

REQUEST FOR INFORMATION OR PUBLIC RECORDS

Completed forms may be mailed or submitted in person to address above, emailed to iharrison@selma-al.gov or faxed to (334) 874-2139.

Name: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

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

(Please describe the information or documents 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.selma-al.gov. Your response will help us communicate valuable information 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) pages copied to a USB Thumb drive for 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. Furthermore, the information received with this request must not be used for any purpose in violation of Municipal Ordinance, State or Federal Statutes nor to defame anyone.

APPLICANT'S SIGNATURE _____

DATE _____

For Employee Use Only

Request Approved _____ Request Denied _____ Request Delayed for research or review _____

Reason for Denial _____

CITY CLERK/ DEPARTMENT HEAD _____

DATE _____

Record of Public Records Copied and Released:

_____ copies @ \$0.50 per page _____ thumb drive(s) @ \$25.00 each _____ research hours @ \$30.00 each

Total Amount: \$ _____ Receipt # _____ Date: _____

Sent via: Email: _____ Mail: _____ Date: _____ Signature: _____

Records Hand Delivered: _____

Received by: _____ Date _____