

CITY OF SEMMES

PUBLIC RECORD REQUEST

TO: City Clerk

The undersigned wishes to examine the following public records of the City of Semmes. **(Please be specific)**

The purpose of this examination is _____.

I recognize that the City must properly maintain the security of its public records and must make available an employee of the City during the examination of such records. By my signature, I hereby acknowledge that I have read the City of Semmes Policy Statement pertaining to "Access to Public Records" which was provided me with this form. I understand there is a charge for requested copies as set forth in the Policy Statement and I agree to pay the fee for the copies. I further understand that a reasonable examination fee may be charged for search time in retrieving the requested documents.

Signature

Printed Name

Address

City, State, Zip Code

Phone number

Date of request

CITY OF SEMMES

RESPONSE TO PUBLIC RECORD REQUEST

You may come to City Hall at _____ o'clock a.m./p.m. on _____ to review the request documents.

OR

Your request has been denied for the following reason(s):

City Clerk

Date

RECORD OF PUBLIC RECORDS COPIED AND RELEASED

Number of copies received _____ Cost _____ Receipts _____

Description of copies received:

Remit to: City of Semmes
City Clerk
P. O. Box 1757
Semmes, AL 36575
(251)649-8811
(251)649-7711 Fax

Copies provided by:

Title