

PUBLIC DOCUMENT REQUEST FORM

Pursuant to the Alabama Open Records Act, the Jackson County Commission will honor all reasonable requests to examine and/or copy public records maintained by the Jackson County Commission. The policy of the Commission requires reasonable notice of the request and the opportunity to provide the documents as well as advance payment for any copies which may be requested at the rate of \$.50 per copy. By making this request the undersigned acknowledges a legitimate public purpose in the request for public documents. The Commission reserves the right to deny any request for public documents until the policy of the Commission as described hereinabove has been fully complies with by the requestor.

.....
To be filled in by person making request (please print):

Name of Requestor: _____

Name of Company being represented by requestor: _____

Contact Information (including phone number): _____

Request for Documents: _____

Approximate Date of Documents or Inclusive Dates of Documents Requested: _____

Reason for Request for Documents: _____

Signature: _____

Date: _____

.....
To be filled in by County Commission Chairman/employee:

Date request received: _____

Received by Whom: _____

Date request completed (whether denied or approved): _____

Reasons why records not provided and explanation: _____

Number of copies made: _____

Signature of person filling Request: _____

Date: _____

Signature of approval by Chairman: _____

***** A COPY OF THIS FORM WILL BE GIVEN TO EACH COMMISSIONER