



City of Auburn

# Public Records Request Form

Auburn City Hall • 144 Tichenor Avenue, Suite 1 • Auburn, AL 36830  
(334) 501-7260 • [www.auburnalabama.org](http://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](mailto: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)

**FOR STAFF USE ONLY**

**Request**      Approved      Denied

**Department Responsible** \_\_\_\_\_

**Time to Complete** \_\_\_\_\_

**Completion Date** \_\_\_\_\_

**Is this a time-intensive request?** \_\_\_\_\_ **Deposit Required** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

**Notes** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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**