

THE CITY OF ORANGE BEACH
4099 ORANGE BEACH BLVD. ♦ POST OFFICE BOX 458
ORANGE BEACH, AL 36561 ♦ 251-981-6979 FAX 981-6981

Request for Inspection and/or Copying of Records

I, (we), _____ request to inspect and/or have copied the following described records:

My (our) reason(s) for requesting this information is as follows:

I (we) agree to pay the charges for this service as provided in the Schedule of Fees (as shown on the reverse side of this request form) and I (we) certify that I (we) make the request as a:

Public requester _____ Litigation requester _____

I (we) understand that the request might not be accommodated on the same visit that I (we) make to request the document(s), because of the press of other business the City of Orange Beach may have at that time. I (we) also understand, however, that the City of Orange Beach will accommodate my (our) request in the most expedient fashion in which it is able to respond, given its demands of manpower, and other requirements which may be of emergency or urgent nature.

Date: _____, 20____.

Print Name

Address

Signature

Print Name

Address

Signature