PUBLIC RECORD REQUEST

TO: The	City Clerk of the City of Child	ersburg, Alabai	na.			
The undersi	igned wishes to examine the fol	llowing public 1	records of the City of	of Childersburg.		
The purpose	e of this examination is:					
the city duri	that the city must provide securing the examination of such recthe schedule below. I agree to pray be charged for search time	ords. I understate on the fee for the fee fee for the fee fee fee fee fee fee fee fee fee f	and there is a charge he copies as this pol	e for requested colicy sets out. A r	opies, as	
Signature		Name Printed				
Address		City	State	Zip		
Phone number		Date copies received/records examined				
	RESPONSE TO	PUBLIC R	ECORD REQUI	<u>EST</u>		
You may co	ome to our office at o'c	lock a.m. / p.m	onto rev	view the request	documents.	
City Clerk		Date:				
	RECORD OF PUBLIC	RECORDS	COPIED AND I	RELEASED		
Number of copies received		Cost	Receipt #	<u> </u>		
Description of copies received:						
	·					
Remit to:	The City of Childersburg Attn: City Clerk 201 8 th Avenue, SW	Copies provi	ded by			
	Childersburg, Al 35044 Telephone: 256-378-5521	Title				

Cost of Copies

\$.50 per page

The first hour of City staff time responding to a request is free and additional time thereafter is at a rate of \$20.00 per hour or portion thereof.