

Public Records Information Request

City of Cullman
204 2nd Avenue NE, P.O. Box 278
Cullman, AL 35056-0278
(256) 775-7109 cityhall@cullmancity.org



Requestor Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Mailing Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: () _____ Other Phone: () _____

Email Address: _____

Information Requested

NOTE: Requests must be submitted to the City Clerk's Office at least seven (7) working days in advance of the date needed; every effort will be made to fill the request within that time period. If the request cannot be filled within seven (7) days, the requestor will be notified and given an estimated delivery date. The fee for copying documents shall be \$0.50 per one-sided page for pages not exceeding 8.5 by 14 inches, plus the actual costs, including staff time spent in research and compilation. An estimate will be calculated by the City Clerk's Office and the requestor notified of the final cost before delivery. All requests will be received and returned by the City Clerk's Office.

Specific Information Requested: _____

Method of Delivery Preferred

Every effort will be made to comply with the requestor's preference. However, the City of Cullman reserves the right to refuse requests to produce or provide records in certain formats when it is not feasible or practical to do so.

Photocopies: ___ Mail ___ Pick Up Electronic Format: ___ Email ___ CD

Purpose of Request: _____

Deadline Information Needed: _____ (Request must be submitted at least 7 working days in advance)

Your signature is required for processing as an acknowledgment and agreement of the conditions stated:

➔SIGN HERE _____ Date _____

FOR OFFICE USE ONLY	
Request Received by: _____	Date: _____
Calculated Time & Cost: _____	
Request referred to: _____	
Date Information Delivered: _____	By: _____