

PUBLIC RECORD REQUEST FOR CITY OF SATSUMA

The undersigned wishes to examine and/or receive a copy of the following public records of the City of Satsuma:

The purpose of this examination is (you must give a valid reason) _____

I recognize that the city must provide security of public records and must make available an employee of the city during the examination of such records. I understand there is a charge for requested copies, as set forth in the schedule below. I agree to pay the fee for the copies as this policy sets out. A reasonable search fee may be charged for search time in retrieving the requested documents.

Signature

Address

Phone number

Name Printed

City State Zip

Date copies received/records examined

RESPONSE TO PUBLIC RECORD REQUEST

_____ **Request Denied**
Reason denied: _____

Denied by: _____ Date _____

_____ **Request Approved**
You may come to our office at _____ o'clock a.m. / p.m. on _____ to review or pick up the requested documents.

RECORD OF PUBLIC RECORDS COPIED AND RELEASED

Number of copies _____ Cost _____ Receipt # _____
Description of copies received: _____

Cost of Copies

Ordinances \$5.00 each **Resolutions \$2.50 each**
Zoning Ordinance (Bound) \$ 10.00 **Subdivision Reg's(Bound)\$10.00**
Minutes \$2.50 per meeting **Audits .20cent per page**
8½ x11" copies .25cents each **8½ x14" copies .50 cents each**
Certified copies \$2.00 extra each sheet certified by Clerk
Accident Report \$10.00

As adopted February 27, 2007 by the Mayor and City Council of the City of Satsuma-Ref: Alabama State Code 36-12-40-36-12-41. Amended July 7, 2009 to increase accident report fee.

Copies provided by Name and Title _____