

FORT PAYNE CITY BOARD OF EDUCATION

Office of the Superintendent

205 45th Street NE

Post Office Box 681029

Fort Payne, Alabama 35968-1611

Telephone: 256-845-0915

PUBLIC RECORDS REQUEST FORM

Complete and submit this form to make a public records request to the Board of Education of Fort Payne City Schools, Alabama. All fields must be completed with accurate information for your request to be processed.

Administrative Fees: Payment of estimated administrative fees will be required before your request is fulfilled and, in the case of a time-intensive request, i.e., a request that is estimated to require more than eight hours of staff time to process, prior to the initiation of a search for records responsive to the request. You will be notified of any estimated administrative fees and the procedures for payment once your request for public records has been evaluated.

Date of Request: _____

Request

Identify the public record(s) you request: (Be as specific as possible). A valid request must identify the requested public record with reasonable specificity. The public officer is not obligated to respond to vague, ambiguous, overly broad, or unreasonable in scope requests, nor is a public officer obligated to respond to a request that seeks records that do not exist or materials that are not public records. Additionally, costs will be assessed based on the number of requests, volume of requests, and estimated time to search for requests.

Certification and Proof of Residency: By signing below and submitting this request, you certify that you are an Alabama resident with standing to make a request to inspect public records pursuant to Alabama law. For purposes of this request, a resident is an individual who is permanently domiciled in Alabama with an expectation to remain in Alabama as demonstrated by reasonable proof of residency such as but not limited to a valid Alabama driver license or voter registration. Proof of residency is required in conjunction with the submission of your request for public records.

Are you an Alabama Citizen? Yes No

Do you have an Alabama Driver's License? Yes No

Alabama Driver License Number: _____

Alabama Driver License Issued Date: _____

Do you have other State of Alabama issued ID? Yes No If yes, what type?

_____ Current Street Address (Do not use a P.O. Box)

_____ (phone)

Date range of records requested: _____ to _____ This information is required.

By signing below, I hereby agree to the terms and conditions applicable to obtaining public records, including the requirement for advance payment. I further certify that I am an Alabama resident and that all information provided by me on this form is accurate, true and correct.

Name (Print): _____ Signature: _____