



KAY IVEY
GOVERNOR

State of Alabama Department of Corrections

Alabama Criminal Justice Center
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JOHN Q. HAMM
COMMISSIONER

PUBLIC RECORDS REQUEST FORM

Instructions: In accordance with ADOC Administrative Regulation No. 023, <i>Public Records</i> , the Requesting Party shall complete this Form in its entirety and include payment for the non-refundable Processing Fee of \$20.00, which indicates both the Public Records Request and the Requesting Party with which it is associated, with the submission of this Form.			
Requesting Party Name:			
Organization Name:			
	<input type="checkbox"/> Correctional Agency	<input type="checkbox"/> Law Enforcement Agency	
Mailing Address:			
City/State/Zip Code:			
Alabama Residency Attestation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Telephone Number:		Mobile Phone Number:	
E-Mail Addresses:			
Inmate Name:		AIS No.:	DOB:
Description of Requested Public Records: (Please be specific and include as much detail as possible regarding the description and identification of the requested Public Records.)			
Proposed Use of Requested Public Records:			
Preferred Format to Receive Public Records:	<input type="checkbox"/> Paper Copies	<input type="checkbox"/> Electronic Copies	<input type="checkbox"/> Personal Inspection
Certification Request:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Attestation: By signing below, I, the Requesting Party, attest under penalty of perjury that I have read and am in compliance with ADOC Administrative Regulation No. 023, <i>Public Records</i> (available at https://doc.alabama.gov/docs/AdminRegs/AR023.pdf) and any other applicable state and federal laws.			
Requesting Party Signature:	Requesting Party Printed Name:		
Date of Submission:			