## PUBLIC RECORD REQUEST

TO: The Town Clerk of the Town of Somerville, Alabama. The undersigned wishes to examine the following public records of the Town of Somerville. The purpose of this examination is: 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. Name Printed Signature Address City State Zip Phone number Date copies received/records examined RESPONSE TO PUBLIC RECORD REQUEST You may come to our office at \_\_\_\_\_ o'clock a.m. / p.m. on \_\_\_\_ to review the request documents. Town Clerk Date: RECORD OF PUBLIC RECORDS COPIED AND RELEASED Number of copies received Cost Receipt # Description of copies received: Copies provided by Remit to: The Town of Somerville Attn: Town Clerk P.O. Box 153 24 Courthouse Square Title Somerville, AL 35670 256-778-8282