PUBLIC RECORD REQUEST

TO: The	City Clerk of the City of Ashf	ford, Ala	bama.			
The undersi	gned requests a copy or to re	eview the	e following public	c records of the City	of Ashford.	
The purpose	e of this request is:					
						_
	d there is a charge for reques is policy sets out. A reasonat	•				
Signature			Name Printed			
Address			City	State	Zip	
Phone number		Date copies received/records examined				
	RESPO	ONSE T	O PUBLIC REC	ORD REQUEST		
You may co	me to our office at o'd	clock a.ı	m. / p.m. on	to request / re	view documents.	
City Clerk		Date:				
	RECORD OF	PUBLIC	RECORDS CO	PIED AND RELEAS	<u>SED</u>	
Number of copies received Cost _			Receipt #	_		
Description	of copies received:					
Remit to:	The City of Ashford Attn: City Clerk P O Box 428		Copies provide	d by		
	Ashford, AL 36312		Title			

Cost of Copies: \$.50 per page. The first hour of City staff time responding to a request is free and additional time thereafter is at a rate of \$15.00 per hour or portion thereof.

Telephone: 334-899-3366