

MEMORANDUM

Section 36-12-40, Code of Alabama 1975 (Alabama's "Open Records Act"), grants citizens the right to inspect and take a copy of any public writing of this state, unless access is expressly forbidden by statute. A "public writing" or public record is a record that is kept that is reasonably necessary to record the business and activities required or carried on by a public officer or subdivision of government so that the citizens can know and discover the status and condition of such business and activities.

The AMHC's Public Records Policy is as Follows:

1. All requests to view or copy documents must be made in writing using the form provided by the Commission. The form, which is available at www.amhc.alabama.gov, may be provided to the Commission by mail, email, facsimile, or in person.
2. The requestor will be notified of the date and time (between 8:00 a.m. and 4:00 p.m. on normal workdays) that the records will be available for viewing and copying. Every effort will be made to make the requested records that are not prohibited by law from disclosure available within ten (10) working days from receipt of the request form.
3. A nominal fee will be charged to cover the cost of providing copies of the requested records. The fee must be paid before the records will be released to the requestor, either in person or via mail.
4. All requests for access to the public records of the Commission or questions regarding the records should be directed to Mrs. Kathryn Pinegar at 350 South Decatur Street, Montgomery, Alabama 36104, by phone at (334) 242-1419, or by email at kathryn.pinegar@amhc.alabama.gov.

REQUEST TO VIEW PUBLIC RECORDS

Information about the Individual/Organization requesting to view records:

Name: _____

Name of Organization: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

List records requesting to be viewed:

Name of Individual/Organization: _____

Description of Records: _____

Name of Individual/Organization: _____

Description of Records: _____

Name of Individual/Organization: _____

Description of Records: _____

Name of Individual/Organization: _____

Description of Records: _____

Do you wish to obtain copies of the above referenced records? Yes/No _____

I hereby certify and acknowledge that the above stated information is true and correct. I acknowledge that if I request copies of any records, I will be responsible for a reasonable copying fee to defer the cost incurred by the AMHC for copying of said records. The current fee is (\$.50 cents) per page.

Signature of Requester

Date