



The City of TROY

Executive Department

P.O. Box 549 · 306 East Academy Street · Troy, Alabama 36081

Phone: 334.566.0177 · Fax: 334.670.6061

REQUEST FOR ACCESS TO PUBLIC RECORDS (PLEASE PRINT)

Name: _____

Address: _____

Telephone: _____

1. I request to inspect the following public records of the City of Troy.

2. I request copies of the following public records of the City of Troy. I understand that the first five (5) pages are free, there is a \$.50 charge for each page thereafter, for 8 1/2" x 11" and/or 8 1/2" x 14". Actual cost will be charged for other sized or formatted documents.

Reason for Request: _____

I also understand that if the City staff time is required to respond to my request; the first (1) hour is free and there will be a charge of Fifteen Dollars (\$15.00) per hour or portion thereof, per employee, thereafter.

Staff time responding to requests for public records which are not specifically identified or which by their volume, size or format require effort by employees to research, identify, copy and/or redact, or determining whether an exception applies, will be replied to as soon as reasonably practical. Provided, however, such efforts will be performed in a manner and at a time so as not to interfere with the normal operations of the City or the job duties of City employees.

I have read and understand the policy pertaining to the access of public records as found in Resolution 858.

Requested By: _____ Date _____

THIS SPACE RESERVED FOR OFFICIAL USE ONLY

Request Approved Request Denied Approved By: _____

Reason for Denial: _____

Pages _____ Total Cost _____ Date of Receipt _____ Cashier Initials _____