


Number		STATE OF ALABAMA LOCAL GOVERNMENT HEALTH INSURANCE BOARD	Type
714			Form
Iteration			Unit
1.00			ADMIN

PUBLIC RECORDS REQUEST FORM

All public records requests must be made in writing and submitted on this Public Records Request form. Read and follow the attached Instructions for Requesting Inspection or Copy of Public Records before submitting this request. Please complete all information in the fields provided.

Name of Requesting Party: _____

Organization Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Telephone Number: _____ E-mail Address: _____

Description of Record(s) Requested: _____

Proposed Use of Records: _____

The Alabama Open Records Act (Ala. Code §§ 36-12-40 and 41) and related case law allows state agencies to require a reason be provided to show a direct, legitimate interest in the specific document(s) requested.

A non-refundable, minimum processing fee (as set forth in the attached Public Records Production Cost Schedule) must be submitted with submission of this form and must be in the form of cashier's check or money order. See the attached Instructions for Requesting Inspection or Copy of Public Records for further information on costs and other conditions.


I have read the **Instructions for Requesting Inspection or Copy of Public Records** and agree to the terms and conditions stated therein, including the requirement for advance payment of the minimum processing fee and payment of the final costs prior to production of the requested documents.

Signature of Requesting Party

Date of Request

Print Name

Created Date	Page 1 of 2	Last Revision Date
12/30/2016		1/30/2023

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INSTRUCTIONS FOR REQUESTING INSPECTION OR COPY OF PUBLIC RECORDS

The Alabama Open Records Act (Ala. Code §§ 36-12-40 and 41(1975)) and related case law allows access to public records for inspection and/or copy by Alabama citizens subject to certain exceptions. These exceptions generally direct that certain information is privileged or confidential and shall not be disclosed. In the interest of efficiency and conservative economy of taxpayer funds, the following procedure has been established to provide an orderly method for requesting inspection and/or copy of public records that are within the jurisdiction of the LGHIB.

READ THESE INSTRUCTIONS BEFORE PROCEEDING WITH YOUR REQUEST.

- 1) Complete the “PUBLIC RECORDS REQUEST FORM” and submit it to LGHIB as follows:

Local Government Health Insurance Board
201 South Union Street, Suite 200
Montgomery, AL 36104

PO Box 304900
Montgomery, Alabama 36130-4900

Requests by telephone or fax will not be accepted. A non-refundable, minimum processing fee in the form of cashier’s check or money order only must accompany the completed Public Records Request form.

- 2) Upon receipt of the completed Public Records Request form and processing fee, the LGHIB will provide an acknowledgment of receipt of the request and notify the requesting party of any deficiencies (e.g. a vague, non-specific request or an improperly completed form). As soon as the records are located and determined to be subject to disclosure, an itemized invoice of the estimated production cost will be provided to the requesting party. Upon receipt of payment for the production cost, the LGHIB will begin production of the documents. No records will be made available to the requesting party until the LGHIB receives payment of the total costs set forth on the invoice.

Public Records Production Cost Schedule

- | | |
|-----------------------------|-----------------------------------|
| 1. Processing Fee: | \$20.00 |
| 2. Labor (per hour): | \$20.00 |
| 3. Copies | \$0.50 |
| Certified: | \$1.00 |
| 4. CD or jump drive | \$15.00 |
| 4. Postage: | Calculated at Current Rate |

Production costs must be paid by cashier’s check or money order and made payable to LGHIB.

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12/30/2016		1/30/2023