



CITY OF OWENS CROSS ROADS

Owens Cross Roads City Hall

P.O. Box 158 / 9032 Highway 431 S. Owens Cross Roads, AL 35763

Tel: (256) 725-4163

Website: www.owenscrossroadsal.gov

INSTRUCTIONS FOR REQUESTING PUBLIC RECORDS

In the interest of efficiency and good stewardship of the tax dollars that this Office receives in carrying out its primary duties, responses to records requests are made by the employees of the City of Owens Cross Roads. Therefore, the following procedure has been established to provide an orderly method for requesting and viewing records that are within the jurisdiction of the City of Owens Cross Roads.

Evaluation of Public Records Requests:

Your request will be evaluated under the Alabama Open Records Act, related statutes, and opinions of the Attorney General's Office. The Federal Freedom of Information Act does not apply to municipalities, including the City of Owens Cross Roads, Alabama, a municipal corporation ("City"). The City will provide copies of non-confidential, non-privileged documents for copying or inspection to the extent provided by law and the Local Government Records Commission. The City is not required to and does not maintain recordings and transcripts of any City Council, board, committee, or commission meetings. You will be advised if the City does not make or retain copies, recordings, or records pertinent to your request.

PLEASE READ THESE INSTRUCTIONS BEFORE PROCEEDING WITH YOUR REQUEST.

The type of record being requested will determine its availability, the cost, and the time to gather the records.

- 1) Complete the attached "REQUEST TO VIEW PUBLIC RECORDS" form and submit it to the City Clerk at the following address:
Owens Cross Roads City Hall
Attention: City Clerk
9032 Highway 431 S/P.O. Box 158
Owens Cross Roads, AL 35763
Fax: (256)725-4092
Email: christie.eason@owenscrossroadsal.gov
- 2) Upon receiving a completed REQUEST OF PUBLIC RECORDS form, the City Clerk will analyze whether the requested information is held by the Clerk's office, the Fire Department, or the Police Department and if said records are subject to disclosure. Once this preliminary determination has been made, the City Clerk, Fire Chief, or Police Chief will provide you with an estimated research cost. Basic research is \$25 per hour, with a one hour minimum and charged by the quarter thereafter, plus expenses (copies, mail, instruments, etc.). Printed photos will incur an additional cost determined by the Fire and/or Police Department. The charge for black and white photocopies will be \$0.25 per single-side page.
- 3) Your request will be evaluated according to the order in which it was received. Research results will usually be available ten business days after receipt of the request. Numerous factors may necessitate that this time frame be extended.
- 4) Payment is required prior to delivery of requested documentation by cash or credit card. Summary of Costs: as mentioned above, you are required any research, copying, and/or shipping fees incurred by the City Hall's office.

NOTICE TO NEWS MEDIA – News Media representatives on deadline should contact the City Clerk at 256-725-5168 for assistance. Accommodation of a deadline schedule will be attempted to the extent that current workload will permit. Fees and costs are not waived.

OWENS CROSS ROADS CITY HALL
PUBLIC RECORDS REQUEST

CITY OF OWENS CROSS ROADS

To conserve taxpayer provided resources, there are policies and procedures governing the orderly production of public records for viewing and reproduction. Read and follow the attached INSTRUCTIONS FOR REQUESTING RECORDS before submitting this request.

NAME OF REQUESTING PARTY: _____

ORGANIZATION: _____

MAILING ADDRESS: _____

TELEPHONE #: _____ CELLULAR #: _____

EMAIL ADDRESS: _____

DESCRIPTION OF RECORD TO BE VIEWED AND/OR COPIED: _____

PROPOSED USE OF DOCUMENTS: _____

I have read the INSTRUCTIONS FOR REQUESTING VIEW OF PUBLIC RECORDS and agree to the terms and conditions stated in that document, including the requirement for advance payment of charges for research and reproduction of documents.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

CLERK SIGNATURE: _____ DATE RECEIVED: _____
