

MOBILE COUNTY LICENSE COMMISSION PUBLIC RECORDS REQUEST

Requester's Name:_____

Organization and Position:_____

Phone number:_____

Email address:_____

Street address:_____ (No P.O. Boxes)

City:_____ **State:**_____ **Zip:**_____

Date of request:_____

Records requested: (Be as specific as possible. A public officer is not obligated to respond to a request that is vague, ambiguous, overly broad, or unreasonable in scope, nor is a public officer obligated to respond to a request that seeks records that do not exist or materials that are not public records. Additionally, extensive requests for public records may increase the fees to cover the administrative cost of searching and copying the requested records.)

Purpose of Request:

All requests should be presented in person or mailed to:

Mobile County License Commission
Attn: Public Records Coordinator
3925-F Michael Boulevard
Mobile, AL 36609

**THE MOBILE COUNTY LICENSE COMMISSION DOES NOT ACCEPT
PUBLIC RECORD REQUESTS AT ANY BRANCH LOCATION**

If you present this request in person, you agree to provide proof of residency to the public records coordinator at the time of submission. If you submit this form by mail, you agree to include proof of residency to the public records official with your request. Proof of residency includes documents such as, but not limited to, an Alabama driver license or voter registration.

Full or Partial payment of fees may be required before your request is fulfilled. The Mobile County License Commission will notify you of the fees specific to your request prior to fulfilling your request.

By submitting this request, you certify that you are an Alabama resident with standing to make a request for public records pursuant to Alabama law. You further certify that your request is not made to obtain information regarding any matter relevant to a pending or threatened action, suit, or proceeding in lieu of the proper discovery methods provided under applicable rules of procedure.

Method of Delivery (Check Only One)

- ☐ I would like to receive responsive records electronically at the email address provided above.
- ☐ I would like to receive responsive records by U.S. Mail at the address specified above.
- ☐ I would like to schedule an office visit to inspect and/or copy records with my own equipment.

By my signature below, I acknowledge that I have reviewed the Mobile County License Commission Public Records Policy and hereby agree to the terms and conditions applicable to obtaining public records from the Mobile County License Commission, including the requirement for advance payment, and, further, swear or affirm, to the best of my knowledge, that all information provided by me on this form is accurate, true, and correct.

Requestor's Signature