GILBERTOWN POLICE DEPARTMENT

PUBLIC RECORDS REQUEST FORM

Use this form to request public records from the Gilbertown Police Department. Complete the form as specifically as possible. Submission of a request does not guarantee that records will be released.

Submission instructions: Submit in person to the Chief of Police or a designated official; leave with the Town Clerk for delivery to the Chief; mail to Gilbertown Police Department, Attn: Chief of Police, 40 Front Street, Gilbertown, Alabama 36908; or email gilbertownchief@outlook.com.

Fees: There are no processing fees at this time; however, the department reserves the right to charge reasonable fees for copying, reproduction, or postage as permitted by law.

Assistance: If you are unable to complete this form because of a disability, literacy, language barrier, or other limitation, department staff will provide assistance upon request.

REQUESTOR INFORMATION

Full name: _____

Organization, if applicable: _____

Mailing street address: _____

City / State / ZIP: _____ **Telephone:** _____

Email address: _____ **Date of request:** _____

RESIDENCY CERTIFICATION — REQUIRED

Only Alabama residents have the right to request public records under the Alabama Open Records Act (Ala. Code § 36-12-40). Proof of Alabama residency must be provided. If residency cannot be verified, this request will be denied.

☐ **I certify that I am a resident of the State of Alabama.**

Driver's license or Alabama state ID number (required): _____

REQUESTOR'S INVOLVEMENT OR RELATIONSHIP TO RECORDS

Explain your involvement with, relationship to, or reason for requesting the records (e.g., person named in the records, victim, witness, representative, attorney, insurer, family member, property owner, or other interested party):

RECORDS REQUESTED

Describe the records requested. Include dates, names, locations, report or case numbers, and other identifying information when known. Attach additional pages if necessary:

Relevant date range, if known: _____ **Incident/report/case number:** _____

REQUESTED ACCESS OR DELIVERY METHOD

☐ **Inspect records in person** ☐ **Receive paper copies** ☐ **Receive electronic copies, if available**

☐ **Other:** _____

REQUESTOR ACKNOWLEDGMENT

I understand that requested materials may not be public records or may be unavailable; records may be withheld, redacted, delayed, or otherwise restricted as permitted by applicable law; the department may need additional information to identify responsive records; proof of Alabama residency is required and if residency cannot be verified this request will be denied; and submission of this request does not guarantee that records will be released:

_____

I certify this request is accurate to my knowledge / Date: _____

Requestor signature: _____

FOR DEPARTMENT USE ONLY

Date/time received: _____

Residency verified: ☐ **Yes** ☐ **No**

Acknowledgment or response date: _____

Disposition: ☐ **Released** ☐ **Partially released/redacted** ☐ **Denied** ☐ **No responsive records** ☐ **Withdrawn** ☐ **Other**

Reason for denial (statutory exemption or basis), if applicable:

_____

Notes:_____

_____

_____

_____