



SMALL TOWN, BIG BEACH™

REQUEST FOR ACCESS TO PUBLIC RECORDS

I request to review the following public records of the City of Gulf Shores:

The reason(s) I desire to review these records is:

Name of Person Requesting: _____

Physical Address: _____

Mailing Address: _____

Telephone: _____

I certify by my signature below that I have read, understand, and agree with the terms and conditions of the City of Gulf Shores Policy Regarding Public Records.

Date

Signature

FOR OFFICIAL USE ONLY

_____ Request Approved

_____ Request Denied

Reason Denied: _____

Denied by: _____
Signature

Date