

CITY OF IRONDALE

REQUEST FOR ACCESS TO PUBLIC RECORDS

1. Request to review and/or copy the following public records of the City of Irondale:

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

Print Name: _____

Signature: _____

Phone Number: _____ Email: _____

Date: _____

Copies of City Records: \$.25

Research Fee: \$20.00 an hour (\$5.00 for every 15 minutes or fraction thereof)

Deposit will be required for any requests that may involve numerous copies or significant research time.

All requests will be fulfilled via hard copies. No electronic records will be sent beginning December 1, 2025.

THIS SPACE FOR OFFICIAL USE:

_____ REQUEST REC'D _____ REQUEST ACKNOWLEDGED _____ REQUEST APPROVED

_____ REQUEST DENIED _____ TIME INTENSIVE _____ DEPOSIT REQUIRED _____ COMPLETED

REASON DENIED: _____

CITY CLERK

DATE