

ALABAMA PUBLIC SERVICE COMMISSION
PUBLIC RECORDS REQUEST FORM

Complete and submit this form to make a public records request. All fields must be completed with accurate information for your request to be processed.

REQUESTOR'S CONTACT INFORMATION:

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

STREET ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

NAME OF AGENCY: _____

Agency from which you are requesting public records.

DATE OF REQUEST: _____

REASON FOR REQUEST: _____

RECORDS REQUESTED: _____

(Be as specific as possible. Requests that qualify as time-intensive will be charged at an amount determined by the position levels employed to complete the request.)

Mail To:
Alabama Public Service Commission
ATTN: Secretary of the Commission
PO Box 304260
Montgomery, AL 36130

Deliver To:
Alabama Public Service Commission
ATTN: Secretary of the Commission
100 N Union St, RSA Union, Suite 900
Montgomery, AL 36104