



Alabama State Board of Chiropractic Examiners 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. Please return this form to: public.records@chiro.alabama.gov

Scope of request form This form is for requesting public records from the Alabama State Board of Chiropractic Examiners. If you are looking for public records from another governmental entity within the State of Alabama, you may wish to visit an online directory of [State of Alabama - Inform.Alabama.Gov - Agency Search](#)

Requestor's contact information

Firm Name: _____ Individual Name: _____

Street Address: _____ City _____ State _____ Zip code _____

Phone Number: _____ Email address: _____

DATE OF REQUEST: _____ Signature: _____

Payment of fees may be required before your request is fulfilled. I am willing to pay up to \$_____ in processing fees without prior notice by the agency.

Specific records requested

Be as specific as possible. Requests that are overly broad may qualify as time-intensive requests and will take longer to process **SEE POLICY DEFINITIONS**

An appointment will be scheduled with the Board staff who must locate and retrieve the requested records during regular business hours. Any person wishing to obtain copies of specific public records may request it following the Boards public access policy.

PLEASE RETURN THIS FORM TO: public.records@chiro.alabama.gov

You will be contacted in writing regarding this request.

Office use only

Acknowledgement Date: _____ Records sent date: _____

Type of Request (check one)

Regular Standard _____

Standard Intensive _____

Written Extension Date: _____

Written Extension Date: _____

Fee for records: _____ Fee Received on: _____