

STATE OF ALABAMA
Board of Funeral Service

INSTRUCTIONS FOR REQUESTING PUBLIC RECORDS

Alabama law makes public writings available to its citizens, subject to exceptions that are specified by law. These exceptions generally direct that certain information is privileged or confidential.

In the interest of efficiency and good stewardship of the tax dollars that this Office receives in carrying out its primary duties, responses to records requests are made by the employees of the Alabama Board of Funeral Service (“the Board”). Therefore, the following procedure has been established to provide an orderly method for requesting records that are within the jurisdiction of the Board.

PLEASE READ THESE INSTRUCTIONS BEFORE PROCEEDING WITH YOUR REQUEST.

The type of record being requested will determine its availability, the cost, and the time to gather the records.

1) Complete the attached “REQUEST FOR PUBLIC RECORDS” form and submit it to the Board at the following address:

Alabama Board of Funeral Service
4276 Lomac Street
Montgomery, AL 36106
Fax: (334) 353-7988
Email: info@fsb.alabama.gov

2) Upon receiving a completed REQUEST FOR PUBLIC RECORDS form, the Board will analyze whether the requested information is held by the Board and subject to disclosure. Once this preliminary determination has been made, the Board will provide you with an estimated research cost. **Basic Research is \$20.00 per hour, with a one hour minimum, plus expenses.** Research of electronic records or those not normally kept may be higher. **Payment of a deposit in the amount of the estimated cost is required prior to disclosure.**

3) Research results will usually be available ten business days after receipt of the research deposit. Numerous factors may necessitate that this time frame be extended.

4) Once the results are collected, the Board will further analyze whether the documents are subject to disclosure. Once this determination is made, the Board may either make the documents available for viewing or send to you directly by mail or email, as appropriate. If the documents are made available for viewing, you may request to view the records between 9 AM and 4 PM, Monday through Friday. Viewing of certain types of records may not be possible. Copies are generally available within seven (7) days following receipt of a copy deposit. Large orders may require longer. The charge for black and white photocopies will be at least \$0.50 per single-side page. For color copies or copies in other media there will be an additional charge.

5) **Summary of Costs:** As mentioned above, you are required to pay any research, copying, and/or shipping fees incurred by the Board.

REQUEST FOR PUBLIC RECORDS

(To conserve taxpayer provided resources, there are procedures governing the orderly production of public records. Read and follow the attached **INSTRUCTIONS FOR REQUESTING PUBLIC RECORDS** before submitting this Request.)

NAME OF REQUESTING PARTY: _____

ORGANIZATION: _____

MAILING ADDRESS: _____
Street or P.O. Box

City State Zip Code
Telephone # _____ Cellular # _____

E-mail address _____

DESCRIPTION OF RECORD TO BE VIEWED AND/OR COPIED: _____

PROPOSED USE OF DOCUMENTS: _____

(The Alabama Open Records Act and related case law allows state agencies to require a reason be provided to show a direct, legitimate interest in the specific document(s) requested. Your statement should communicate a direct interest in the specific records required (i.e., "I am a student doing a paper on...") and should not be general statements of entitlement (i.e., "I am a Taxpayer" or "It is a public document.")).

I have read the INSTRUCTIONS FOR REQUESTING PUBLIC RECORDS and agree to the terms and conditions stated in that document, including the requirement for advance payment of charges for research and reproduction of documents.

Signature

Date

Print Name

BOARD'S USE ONLY

On _____ day of _____, 20____, \$ _____

received: in payment of the following costs:

Research: _____ Hours @ \$20.00 = \$ _____

Copies: _____ Pages @ \$ 0.50= \$ _____

Other charges: _____ \$ _____

TOTAL AMOUNT DUE \$ _____

TOTAL AMOUNT RECEIVED \$ _____

Print Name

Signature