

Date Received	Approved	Type of Request	Date Delivered	Payment
		S TI		



Board of Dental Examiners of Alabama

2229 Rocky Ridge Road, Birmingham, AL 35216

205.985.7267

www.dentalboard.org

PUBLIC RECORDS REQUEST FORM

Requestor's Information

Name: _____ Date of Request: _____

Name of Business/Organization: _____

Physical Address: _____
Street City State Zip

Business Phone: _____ Cell Phone: _____

Email: _____

Requested Information/Purpose

Specific Documents: _____

Search Terms/Name(s) of Licensee: _____

Purpose for your request: _____

Cost

(Staff time will be charged at \$20.00/per hour-minimum of 1 hour, plus other costs as outlined in policy.)

I, _____ (requestor), am willing to pay up to \$ _____
in processing fees without prior notice by the agency.

By my signature below, I attest that I have read the Board of Dental Examiners of Alabama Policy on Compliance with the Alabama Open Records Act.

Requestor's Signature

Email all requests to: Public.records@dentalboard.org