



Alabama State Board of Midwifery
814 Cluster Springs Rd
Gardendale, Alabama 35071

Public Records Request Form

Complete and submit this form to make a public-records request from the Alabama State Board of Midwifery. All fields must be completed with accurate information for your request to be processed. PublicRecordsRequest@ALSBM.org

Requestor's contact information

Name: _____

Phone number: _____

Email address: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Payment of fees

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.

Signature

Date