

Date Received	Approved	Date Delivered	Payment
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## Board of Dental Examiners of Alabama

2229 Rocky Ridge Road, Birmingham, AL 35216  
205.985.7267

[www.dentalboard.org](http://www.dentalboard.org)

# OPEN 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: \_\_\_\_\_

\_\_\_\_\_

Purpose for your request: \_\_\_\_\_

\_\_\_\_\_

## Delivery Type/Costs

\_\_\_\_\_ **Copies\***

\*Standard 8.5 x 11, black/white, photocopies= \$1.00 per page for first 20 pages and \$0.25 per page for excess of 20.

\*Oversize, color, or other types of copies will be charged at cost + 20% handling fee

\*Other expenses and/or services

\_\_\_\_\_ **Spreadsheets\*\***

\*\*Production of spreadsheets= \$20.00 flat rate

Other expenses and/or services requested will be billed at actual costs + 20%. Should the request cause the Board to incur significant staff time for research, collection, and duplication of documents, the Board may also charge a reasonable amount for staff time.