

☐ This is a standard request.☐ This is a time intensive request.

REQUEST FOR PUBLIC RECORDS

P.O. Box 303605 • Montgomery, Alabama 36130-3605 / Overnight Delivery: 445 Herron Street • Montgomery, Alabama 36104 Telephone (334) 242-2230 / Facsimile (334) 263-1397

Email public.records@hblb.alabama.gov

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lling Address		
y		State Zip
one	E-mail Address	
	Preferred delivery: Email or	U.S. Mail
CTION 2: REQUE	ST FOR PUBLIC RECORDS FOR THE FO	LLOWING:
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vidual Name(s) Include I	icense Number if available.:	
iness Name(s) Include Li	eense Number if available.:	
iling Address		
<i>I</i>	State Zip	Phone
CTION 3: PUBLIC Affidavit of licensur	C RECORDS REQUESTED (Check one) re by the Custodian of Records stating the licensure status and	d history
Affidavit of licensur Notarized statement l Public records for s	re including disciplinary actions by the Custodian of records stating the licensure status and pecific case number - Case No:	
Affidavit of licensur Notarized statement l	by the Custodian of records stating the licensure status and	