



**Mobile County Sheriff's Office
OPEN RECORDS REQUEST FORM**

In an effort to more efficiently process open records requests, the Mobile County Sheriff's Office has established the following procedure:

1. Please complete and sign the attached form, you may attach additional pages if necessary.
2. Please email your request to: recordsrequest@mobileso.com
3. Or you can mail your request to:

Mobile County Sheriff's Office
Attn: Records Division
510 S. Royal Street
Mobile, AL 36603

4. FEE SCHEDULE & PAYMENT INSTRUCTIONS:

\$5 Retrieval Fee

\$1 per page for first 25 pages

\$0.50 per page thereafter

\$10 for digital records to be provided by DVD (jail calls, videos, photos, etc.)

*These fees are due whether the records are provided by paper, PDF, or other electronic file. Acceptable forms of payment are business checks (no personal checks) made out to the Mobile County Sheriff's Office, money orders, or cash for in person payments, please do not mail cash.


5. NOTE:

- a. Only Alabama residents are entitled to open records.
- b. Please avoid terms like "related to" or "pertaining to". These terms are vague and difficult to precisely interpret.
- c. Please write legibly or type your request.
- d. Remember to sign your request.

Once your request is received, you will receive a confirmation email along with additional instructions regarding payment, if required, or any deficiencies in your request.

Should you have any questions or need additional information, please email the Mobile County Sheriff's Office Records Division at recordsrequest@mobileso.com.

By Order Of:



Paul Burch Jr, Sheriff

Date: 10/02/2024



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The Alabama Open Records Act, Ala. Code § 36-12-40, provides that, subject to certain exceptions specified by law, "Every resident has a right to inspect and take a copy of any public record of this state." In compliance with § 36-12-40, the policies and procedures set out herein have been established to provide for this orderly production of public records for inspection and reproduction and to conserve taxpayer provided resources associated with the cost of production.

THE FOLLOWING MUST BE COMPLETED:

Requester's Name
(PRINT OR TYPE): _____

Firm/Business Name: _____

Mailing Address: _____
Street or P.O. Box City State Zip Code

Telephone # _____ E-mail Address: _____

Please describe your request. If additional space is needed please attach additional sheets to this form. Include as much information as possible. **Subject, date or timeframe, all individuals involved, case number, location, county/city, reason the Department is believed to have records on the subject, etc. Requests that are very broad may qualify as time-intensive requests and will take longer to respond to.**

I certify under penalty of perjury that I am an Alabama resident:

Signature

Date