

ALABAMA DEPARTMENT OF TRANSPORTATION
Alabama Open Records Request
§ 36-12-40, Code of Alabama (1975)

Please use the attached form to submit your Alabama Open Records (AOR) Request to the Alabama Department of Transportation (ALDOT). Requests may be submitted to the following addresses or fax number:

Mail to:

Alabama Department of Transportation
 Legal Bureau
 1409 Coliseum Boulevard
 Montgomery, Alabama 36110

E-mail:

legalbureau@dot.state.al.us

Fax to:

(334) 264-4359

FEE SCHEDULE

The requester agrees to pay all applicable fees to process the request. **No information or documents will be sent to the requester until payment is made in full.**

Research and Retrieval Fees will be charged even if an inspection is requested of the disclosable public documents rather than actual copies. The Department of Transportation posts many public documents on its website. This website can be accessed and searched by you. However, if the Department researches the request, Research and Retrieval Fees will be charged even when the substantive response refers you to documents posted on the Department's website.

Research and Retrieval Fee	\$20.00 per hour
Minimum Research and Retrieval Fee (non-refundable)	\$10.00
8 ½ x 11 pages (over 10)	\$0.50/page
8 ½ x 14 pages (over 10)	\$1.00/page
11 ½ x 14 pages (over 10)	\$1.50/page
Scanned pages transmitted electronically	\$0.50/page
Scanned pages added to a disc	\$0.50/page plus \$5.00
Scanned pages added to a flash drive	\$0.50/page plus \$10.00
Books, Manuals, etc.	\$1.50/page
Plans, Drawings, & other large documents exceeding 11 ½ x 14	\$7.50/page
Photographs (Color)	\$15.00/print

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Requester's Name: _____

Firm/Business Name: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____ E-mail Address: _____

If the request is related to litigation or possible litigation, provide the following information and attach a copy of the complaint:

Case Style: _____ Case #: _____

All parties involved: _____

Counsel for all parties:

Plaintiff(s): Name: _____ Firm: _____

Defendant(s): Name: _____ Firm: _____

Please list the names of all ALDOT employees you have spoken to regarding this request:

Do you have any other active requests with ALDOT? If so, please list the file numbers:

Notify me if the cost is estimated to exceed \$100.00. YES _____ NO _____

Do you wish to do a file review? YES _____ NO _____

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, project number, location, county/city, highway route, reason the Department is believed to have records on the subject, etc.)**
