ALABAMA PLUMBERS AND GAS FITTERS EXAMINING BOARD
216 AQUARIUS DR., SUITE 319
HOMEWOOD, AL 35209
PHONE: 205-945-4857
FAX: 205-945-0273
PUBLIC.RECORDS@PGFB.ALABAMA.GOV

Records Request Form

NOTE: Please print or type and provide all requested information.

Name:_____ Company:_____

Mailing Address:_____ County:_____

City:_____State:_____Zip Code:_____

Phone:_____ E-mail:_____

I am requesting information on the following individual/company (if applicable):_____

_____

I am requesting the following information (be specific):_____

_____

_____

_____

_____

_____

_____

Reason for records request:_____

_____

I would like this information provided to:_____

I would like this information provided by:

_____ Mail: _____

_____ E-mail: _____

_____ Fax: _____

To be reviewed, records requests must be submitted along with our credit card authorization form, e-check authorization form, check, or money order for the non-refundable records request fee in the amount of fifteen dollars ($15.00). Prior to records being released, an additional fee of $0.25 per page shall be paid via any of the above-mentioned methods. Fees for records requests are outlined in Alabama Administrative Code r 720-x-4-.01. The Board's Records Request Payment form should be completed along with this Records Request Form.

By my signature below, I hereby request the above-referenced information and understand the associated fees.

Signature:_____

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Records Request Payment Form

This form must be submitted with "Records Request Form"

Name of Requestor:_____

Name of individual/entity records requested on:_____

I authorize the Alabama Plumbers & Gas Fitters Examining Board to process a one-time charge [ ] to my credit card or [ ] from my checking account in the amount of $15.00 as payment for the non-refundable records request fee, plus transaction charges outlined below that will appear on statement as a separate charge beginning with "IGOVSOL*".

I also authorize the Alabama Plumbers & Gas Fitters Examining Board to process a one-time charge [ ] to my credit card or [ ] from my checking account in the amount of $0.25 per page up to _____ pages without additional authorization, plus transaction charges outlined below that will appear on statement as a separate charge beginning with "IGOVSOL*". **If more pages are required, I will be notified and submit a credit card or e-check authorization form for payment of page fees upon agreement to the charge.**

[ ] PAYMENT BY CREDIT CARD – Subject to a 4% processing fee
CARDHOLDER INFORMATION

Name:_____

Billing Address:_____ County:_____

City:_____ State:_____ Zip Code:_____

CREDIT CARD INFORMATION
Credit Card type: Visa Mastercard Discover American Express

Number:_____

Expiration Month:_____ Expiration Year:_____Security Code:_____

Cardholder Signature X_____ Date__/_____/_____

[ ] PAYMENT BY E-CHECK – Subject to a flat fee of $1.50 per transaction
BANK ACCOUNT INFORMATION

Name on Account:_____ Billing Zip Code:_____

Routing Number:_____ Account Number:_____

Account Holder Signature X_____ Date__/_____/_____

By my signature below, I hereby authorize the above-referenced payments and understand the associated fees.

Signature:_____ Date:_____