ALABAMA PLUMBERS AND GAS FITTERS EXAMINING BOARD 216 AQUARIUS DR., SUITE 319

HOMEWOOD, AL 35209 PHONE: 205-945-4857 FAX: 205-945-0273 WWW.PGFB.ALABAMA.GOV

Records Request Form

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

Name:	Company:	Company:	
Mailing Address:		County:	
City:	State:	Zip Code:	
Phone:	E-mail:		
I am requesting information	n on the following individual/compa	any (if applicable):	
I am requesting the following	ng information (be specific):		
Reason for records requests	<u> </u>		
I would like this informatio	n provided to:		
I would like this informatio	n provided by:		
Mail:			
E-mail:			
Fax:			
check authorization form, che amount of fifteen dollars (\$13 page shall be paid via any of Alabama Administrative Cod	ests must be submitted along with our eck, or money order for the non-refund 5.00). Prior to records being released, the above-mentioned methods. Fees the r 720-x-401. The Board's credit cound at www.pgfb.alabama.gov	dable records request fee in the an additional fee of \$0.25 per for records requests are outlined in ard authorization form and e-	
By my signature below, I her associated fees.	eby request the above-referenced info	rmation and understand the	
Signature:			