

**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.**

Requests less than 10 pages are not subject to a fee.

Research and Retrieval Fee (over 10 pages)	\$50.00
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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**§ 36-12-40, Code of Alabama (1975)**

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.)**

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