



Shoals Economic Development Authority

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SEDA PUBLIC RECORD REQUEST FORM

Name of Requester: _____

Requester Represents: _____

Mailing Address: _____

Tel#: _____ Fax# _____

Date of Request: _____ Email: _____

Reason(s) for Request: _____

- Original records may not be taken off site.
- The Secretary of the Board will schedule the time and place for inspection.
- A \$0.50/page copy fee is payable prior to copying.
- Records must be kept in order as presented for inspection.
- Presentation of records is governed by SEDA Board policy.

Please list all records desired for review: _____

The undersigned has completed this form in its entirety, affirms that the information contained herein is correct and agrees to comply with the public records policy and procedures established by the SEDA Board of Directors.

Requestor

Date