

Complete and submit this form to request public records from the Alabama Medicaid Agency. All fields must be completed with accurate information for your request to be processed. Please note that payment of fees may be required before your request is fulfilled.

Contact Information:	
Requestor's Name:	
Entity/Organization Name:	
Phone Number:	Email address:
Street Address:	
Date of request:	
I am willing to pay up to \$	_ in processing fees without prior notice by Alabama Medicaid
Records requested (Must be as special	fic as possible. Overly-broad requests may qualify as time-
intensive requests that will take a lon	ger response time):

Public records requests must be submitted electronically to public.records@medicaid.alabama.gov. If computer access is not available, contact the Public Records Office at (334) 242-5833.