

Request For Public Mailing Addresses on Electronic Media

Instructions: Please submit this completed form to <u>admin.boa@boa.alabama.gov</u>.

Requestors Name:	
Address:	
City, State, Zip Code:	
E-mail address:	
Phone:	
Purpose of Request:	
•	firm that the statements made herein are accurate, complete, and true to dge and belief. I understand and agree that by typing my name, I am

I solemnly swear or affirm that the statements made herein are accurate, complete, and true to the best of my knowledge and belief. I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7.

Signature:	Date	: