

**ALABAMA STATE BOARD OF ADJUSTMENT  
SUBPOENA REQUEST FORM  
(FOR APPEARANCE AND PRODUCTION OF DOCUMENTS)  
TO BE COMPLETED BY REQUESTOR**

**MAIL TO:**  
Alabama State Board of Adjustment  
600 Dexter Avenue, Suite E-302  
Montgomery, AL 36104

**OR DELIVER TO:**  
Alabama State Board of Adjustment  
State Capitol Building, Suite E-302  
Montgomery, AL 36104

<p>_____</p> <p><b>Claimant</b></p> <p>v.</p> <p>_____</p> <p><b>Respondent Agency</b></p>	<p><b>Claim No.:</b> _____</p>
--	--------------------------------

The Clerk of the Alabama State Board of Adjustment is requested to issue an Order for Appearance and Production of Documents (Subpoena) for each of the following witnesses for:

Claimant     Respondent Agency     Board of Adjustment

1. Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Alternate Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

If this box is checked you are to bring documents listed on the attached sheet.

2. Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Alternate Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

If this box is checked you are to bring documents listed on the attached sheet.

**ALABAMA STATE BOARD OF ADJUSTMENT  
SUBPOENA REQUEST FORM  
(FOR APPEARANCE AND PRODUCTION OF DOCUMENTS)  
TO BE COMPLETED BY REQUESTOR**

Claimant's Name \_\_\_\_\_ Claim No. \_\_\_\_\_

3. Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Alternate Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

If this box is checked you are to bring documents listed on the attached sheet.

4. Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Alternate Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

If this box is checked you are to bring documents listed on the attached sheet.

5. Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Alternate Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

If this box is checked you are to bring documents listed on the attached sheet.

---

You will be notified by the Clerk of the Board of Adjustment when the above requested subpoenas are ready for pickup or delivery.

**Party Requesting Subpoena(s)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number