

City of Clarkesville

Open records request

Name of Requestor: _____

Address: _____

Phone: _____

Pursuant to O.C.G.A. §50-18-70 et seq., I am formally requesting to inspect certain public records. In particular, records requested for inspection are:

Date records are requested to be made available: _____

I request a __ Record review appt. __ Copies of records ____ (#) Copies of each record

I agree to pay any copying and/ or administrative costs incurred in fulfilling my requests to the extent permitted by Georgia Law. Such costs may include copying charges of \$.25 per page and administrative costs such administrative charges not to exceed the salary of the lowest paid full-time employee who, in the discretion of the custodian of the records, has the necessary skill and training to perform the request. (The requestor is not charged for the first 15 minutes of time)

Name (Print): _____

Signature: _____ Date _____

To be completed by City Personnel:

Date received: _____ Time received: _____ BY: _____ (initials)

Request received by: __ Mail __ Fax __ Email __ Visit

Name of responding employee _____ Response date _____

Date requestor advised of Determination: _____ Date records made available: _____

Method made available: __ Prepared for viewing __ Computer records copied to disk

__ Photo copies made __ Electronic Transmission

__ Other (Please specify) _____

Number of pages copied: _____ Amount Charged: _____

Employee Signature: _____ Date _____