

## **Open Records Request**

Date Submitted:
Name:
Phone #: () Email:
Signature:
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:
I agree to pay any copying and/or administrative costs incurred in fulfilling my requests to the extent permitted by Georgia Law. Such cost may include copying charges of \$0.25 per page and administrative charges for search, retrieval, and other direct 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. In no event will the total costs exceed \$10.65 per hour.
Office Use Only:
Date Received:
Received By:
Responded Date:
Responded By: