



REQUEST FOR DISCLOSURE OF DOCUMENTS
UNDER THE GEORGIA OPEN RECORDS ACT

DATE OF REQUEST: _____

NAME, ADDRESS & PHONE NUMBER OF INDIVIDUAL MAKING THE REQUEST:

Three horizontal lines for name, address, and phone number.

SPECIFIC DOCUMENT(S) REQUESTED:

Five horizontal lines for describing the requested documents.

ONE (1) COPY OF EACH DOCUMENT REQUESTED WILL BE SUPPLIED.

In the City's effort to make all public records available for review pursuant to the applicable Georgia law, the policy for processing information requests will be applied equally to all. In any instance where the costs exceed \$25.00 to fulfill the request, the agency will notify the requestor of an estimate of the costs and retrieval may be deferred until the estimated costs have been agreed to by the requestor. By law, the first fifteen (15) minutes of staff time to fulfill a request are provided at no charge. If the search, retrieval, redaction or copying of records takes longer than fifteen (15) minutes, the requestor will be charged the prorated hourly salary of the lowest paid full-time employee who has the necessary skill and training to perform the request. By law, your request will be addressed and you will receive a response within three (3) business days of your request. Any cost for copies will be calculated at \$0.10 per page.

Every effort will be made to fulfill your request as promptly as possible. However, demands upon staff time may make it impossible to do so immediately. All properly made requests will receive a timely response in accordance with the Georgia Open Records Act.

SIGNATURE OF REQUESTOR: _____

REQUEST FILLED ON: _____ BY STAFF: _____

Comments section with three horizontal lines.