



Date: _____

Time: _____

Name of Requester: _____

Address: _____

Phone: _____ Email Address: _____

Pursuant to O.C.G.A. §50-1 8-70 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 costs may include copying charges of \$0.10 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. (The requester is not charged for the first fifteen minutes of time.)

Name (Print): _____

Signature: _____

Please return this form to the City Clerk's Office.

RECORD RETRIEVAL FEES

Actual time of record preparation (varies)	Hours x \$	\$
Actual time of copying (varies)	Hours x \$	\$
\$0.10 per copy page	Pages x 10¢	\$
\$0.25 each CD/DVD copy	CD/DVD x \$0.25	\$
DVD of bodycam or in-car video	DVD x \$10.00	\$
Postage		\$
Other costs:		\$
TOTAL ACTUAL COSTS:		\$

The requestor is not charged for the first fifteen (15) minutes of time. Charges for time are 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. Please return this form to the City Clerk's office.

