City of Fitzgerald

OPEN RECORDS REQUEST FORM

Pursuant to the open records law, I would like to: (please check one)

☐ Inspect  ☐ Obtain copies  ☐ Inspect and copy

of the following City of Fitzgerald records:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

(In order to reduce administrative and copying charges, please provide as detailed a description as possible of the records that you are requesting.)

I understand that, pursuant to O.C.G.A. 50-18-71, I may be charged administrative and copying fees for the cost to search, retrieve, copy and supervise access to the requested documents. This fee represents the hourly rate 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; provided, however, that no charge shall be made for the first quarter-hour. The charge for copies is generally $.25 per page unless otherwise provided by law.

I further understand that requested records will be produced within the three-day-limit, or I will be provided a written explanation or reason as to why this deadline may not be met, and the specific date the records can be made available.

I agree to pay all copying and/or administrative cost incurred with fulfilling my open records request.

Requestor Signature: ____________________________________________

Printed Name: ____________________________________________

Address: ____________________________________________

Date: ____________________________________________

OFFICE USE ONLY

STAFF SIGNATURE: ___________________________ DATE RECEIVED: ___________________________

DATE COMPLETED: ___________________________ AMOUNT DUE: ___________________________

DATE OBTAINED: ___________________________ DATE PAID: ___________________________ RECEIPT #: ___________________________