

**REQUEST FOR DISCLOSURE OF DOCUMENTS
UNDER THE GEORGIA OPEN RECORDS ACT**

DATE OF REQUEST: _____

NAME & ADDRESS OF INDIVIDUAL MAKING THE REQUEST: (and phone number)

SPECIFIC DOCUMENTS REQUESTED:

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. *Administrative fees may be assessed when requests involve large number of copies or when inordinate staff time is required to fill your request.* You may return to City Hall forty-eight hours after this request has been submitted to pickup the copies you have requested. Any cost for copies will be calculated at \$0.25 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.

REQUEST FILLED ON: _____ BY STAFF: _____

COMMENTS _____

