



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

**NOT FOR POLICE RECORDS**

The City of Flowey Branch is dedicated to complying with the Georgia Open Records Act. In order to provide you with responsive records in an efficient and economical a fashion as possible, we request that you complete this written request for records. Precise identification of the records you seek will help us to get the records to you as quickly and for the least cost. Your contact information will allow us to provide you with an estimate of the cost to retrieve and prepare the records.

DATE OF REQUEST: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DOCUMENT(S) REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_

**You may send via fax (770)967-6481 or e-mail to [shelia.cooper@flowerybranchga.org](mailto:shelia.cooper@flowerybranchga.org)**