



REQUEST FOR PUBLIC RECORDS

Name of Requestor: _____ Date: _____

Address of Requestor: _____

Home/Office Phone: _____ Cell Phone: _____

Fax Number: _____ Email: _____

Subject Matter: _____

Department Creating or Maintaining the Record: _____

Dated between: _____ and _____

Contain the names or titles of the following person(s): _____

Please indicate here if you would prefer to inspect records rather than receive copies:

Be advised that the City will charge \$0.10 per page for copies plus an administrative charge for the search, retrieval and any other direct cost, at the rate of the lowest paid City employee capable of providing the requested information. The first 10 pages and first 15 minutes of research time is FREE. The City has three (3) business days to respond to your request.

It is very important that you carefully detail your request. Please be very clear and as specific as possible. Pursuant to O.C.G.A. §50-18-70 et seq.

The City of Stonecrest is dedicated to complying with the Georgia Open Records Act. In order to provide you with responsive records in as 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 get the records to you as quickly as possible 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.

Contact me before proceeding if the cost and expense of responding to this request exceeds \$25.00

Contact me of a time and place to inspect the records requested once the records have been located

Copy the documents and notify me of a time and place to pick up the documents

I agree to pay all fees allowed by the Open Records Act for copies and any research time.

Signature: _____

Please email MReid@stonecrestga.gov