REQUEST FOR PUBLIC RECORDS
CITY OF STONECREST

Name of Requester: _____ Date: _____

Address: _____

Home/Office Phone: _____ Mobile: _____

Fax Number: _____ Email Address: _____

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., I am formally requesting to inspect **or** receive a copy of certain public records. In particular, records requested are:

Address of Request ***(if applicable)*** _____

Detailed Description of your request:_____

_____

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- ☐ 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 lrodriguez@stonecrestga.gov