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