

OPEN RECORDS REQUEST FORM

Name of Requester: _____

Address: _____

Phone: _____

Pursuant of O.C.G.A. §50-18-70), I am formally requesting to inspect certain public records. In particular, records requested for inspection are:

Date records are requested to be made available: _____

I agree to pay any copying and/or administrative costs incurred in fulfilling my requests to the extent permitted by Georgia law. Such costs may include copying charges of \$.25 per page and administrative charges not to exceed the salary of the lowest paid full-time employee who, in the discretion of the custodian of the records, has the necessary skill and training to perform the request. (The requester is not charged for the first fifteen minutes of time.)

Name (Print): _____

Signature: _____

Please return this form to:

City of Americus
City Clerk's Office
101 West Lamar Street
Americus, GA 31709
Email: clerk@cityofamericus.net
Phone: 229-924-4411
Fax: 229-924-2012