

Public Records Request

City of Americus, Georgia



Date: _____

Request Received By: _____

Requestors Name: _____

Requestors Address: _____

Phone Number: _____ Email: _____

Method of Delivery: Pickup Email: Postal Service:

Request Details: _____

(attach extra pages if necessary)

Acknowledgement of Fees:

I understand there are administrative costs for search, retrieval, copying and supervising access to the requested documents. This cost is based upon the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to my request. No charge for the first fifteen minutes. The charge for copies is \$0.10 per page, \$5.00 for USB drive or CD, \$5.00 for certification of documents unless otherwise provided by law. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

Signature

Total Charge: _____

Paid: _____
Date

Request completed: _____
Date and Signature

Request delivered: _____
Date and Signature