

Open Records Request Form



City of Maysville

PO Box 86

Maysville, GA 30558

(706)-652-2274

Date this form was submitted to the City of Maysville: _____

Pursuant to O.C.G.A. Section 50-18-70 et. seg., I am formally requesting to inspect certain public records.

Records for inspection are:

Pursuant to O.C.G.A Section 50-18-70 et. seg., the City of Maysville has three (3) business days for disclosure of the public records requested. Please provide the city with a means of forwarding the information requested (phone number, address, e mail).

I agree to pay any copying and/or administrative cost incurred in fulfilling my request to the extent permitted by Georgia Law. Such cost may include copying charges of \$0.10 per page and administrative charges for search, retrieval, and other, direct administrative costs. Such administrative charges shall not 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. In no event will the total cost exceed \$ _____ per hour.

Name (print): _____

Signature: _____