

CITY OF NEWTON

OPEN RECORDS REQUEST

Pursuant to the open records law of the State of Georgia, I would like to: ____ inspect and copy;
or ____ obtain copies of the following City of Newton records*:

*In order to reduce administrative and copying charges be as specific as possible about the records you are requesting.

Check One:

____ I would like to review/receive the documents and copies within 3 business days of this request if the records are available. I understand if the records cannot be produced within 3 business days a timetable for their release will be provided to me; or

____ I do not need the documents/access within 3 business days but would like to review the documents/receive the copies by ____ (insert desired date).

I understand, pursuant to O.C.G.A. 50-18-71, I may be charged an administrative and copying fee for the cost to search, retrieve, copy and supervise access to the requested documents. This fee represents the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to my request, with no charge for the first 15 minutes it takes to respond to the request. The charge for each copy is \$.10 per page. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

If there are questions about my request, I may be contacted at ____
(insert daytime phone number).

Requestor Signature: _____

Printed Name: _____

Address, City, State, Zip: _____

Email Address: _____

Date of Request: _____

If this is verbal, we will note it on the request form.

Return completed form to the Office of the City Clerk.