

OPEN RECORDS REQUEST
CITY OF COLLEGE PARK, GEORGIA

NAME OF PERSON MAKING REQUEST: _____

ADDRESS: _____ PHONE: _____

Be advised that the City will charge you **\$0.25** per page for copies **Plus** the hourly pay rate of the lowest paid City Employee capable of providing the records for their time to locate and copy the documents you request (the first 10 pages and the first 15 minutes are free). Remember, the City may have hundreds of thousands of documents in its files.

**THUS IT IS VERY IMPORTANT THAT YOU
CAREFULLY WORD YOUR REQUEST.**

Please describe the records that you wish to inspect. It is important that you are clear in what you request. Please be as clear and specific as possible. Use extra sheets if necessary:

If you believe that someone other than the City Clerk may have possession of the documents you seek, please list that person's name or title/position:

- ☐ If you are seeking E-Mails, please check here. **Remember, this will likely greatly increase your hourly expense to collect these items.** If checked, please list the person(s) you believe that may have e-mail relevant to your request: _____

Please indicate how you wish to inspect the records if it is determined that the cost to comply with this request is likely to exceed **\$25.00**. You will be called to place a deposit of the anticipated expense before the Clerk proceeds to collect the documents. (Check One).

- ☐ Please notify me of a time and place to inspect the records requested once the records have been located.
- ☐ Please copy the documents and notify me of a time and place to pick up copies of records requested.
- ☐ Please call me before proceeding if the cost and expense of responding to this request is like to exceed \$_____.

I agree to pay all fees allowed by the Open Records Act for employee time and any copies.

SIGNATURE: _____ **DATE OF REQUEST:** _____