



4385 Pecan Street
P.O. Box 39
Loganville, GA 30052
Tel: 770-466-2633
Fax: 770-554-5556

REQUEST FOR PUBLIC RECORDS

DATE _____
TIME _____

I HEREBY REQUEST THAT I BE FURNISHED COPIES OF THE FOLLOWING DOCUMENTS AND I UNDERSTAND THAT THE CITY, BY LAW, HAS 72 HOURS TO RESPOND TO THIS REQUEST. I ALSO UNDERSTAND THAT THERE WILL BE A CHARGE OF \$.25 PER PAGE FOR COPYING AND/OR A \$.50 CHARGE FOR COMPUTER PRINTOUTS, AND THAT THERE WILL ALSO BE A FURTHER CHARGE FOR DIRECT ADMINISTRATIVE COSTS IN SEARCHING OR RETRIEVING RECORDS AS NOTED IN GEORGIA'S OPEN MEETING LAW AND OPEN RECORDS LAW. I ALSO UNDERSTAND THAT THE CITY CANNOT PROVIDE RECORDS FOR THE PURPOSE OF COMMERCIAL USE. THE CITY NEITHER CAN DEVELOP RECORDS THAT ARE NOT ROUTINELY KEPT.

RECORDS REQUESTED

THIS _____ DAY OF _____ 20_____.

Signature of Person Requesting

Address: _____

Printed Name

Phone#

City Employee/Official (Taking Request)

Copies released this _____ day of _____ 20_____.

Number of copies _____ Charge _____
Number of hours researched and prepared _____ Charge _____
Total Charge _____

City Employee/Official
(Receiving Payment)

City Employee/Official
(Fulfilling Request)