



CITY OF CAMILLA 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 Camilla records:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(In order to reduce administrative and copying charges, please try to be as specific as possible about the records you are requesting)

Please Check One

\_\_\_\_\_ I would like to review the documents/receive the copies within 3 business days of this request, IF THE RECORDS ARE AVAILABLE, I understand that 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 I would like to review the documents/receive the copies by \_\_\_\_\_. (Please insert desired date)

I understand that, 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 that it takes to respond to the request. The charge for each copy will be \$.10 per page. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

If there are any questions about my request, I may be contacted at ( ) \_\_\_\_\_. (Please insert daytime telephone number)

\_\_\_\_\_ (Requestor) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (P.O. Box or Street Address)

\_\_\_\_\_ (City, State, Zip Code)