

**OPEN RECORDS REQUEST FORM**

Name of Requester: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

\*\*\*\*\*

Pursuant of O.C.G.A. 50-18-70, I am formally requesting to inspect certain public records. In particular, recorded requested for inspection are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

I agree to pay any copying and/or administrative costs incurred in fulfilling my requests to the extent permitted by Georgia Law. Such costs may include copying charges of \$.10 per page and administrative charges not to exceed the salary of the lowest paid full-time employee who, in the discretion of the custodian of the records, had the necessary skill and training to perform the request. (The requester is not charged for the first fifteen minutes of time.)

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Please return this form to:

**Office Use Only**

City of Cordele  
City Clerk's Office  
501 N 7<sup>th</sup> St  
P O Box 569  
Cordele GA 31010  
Email: [debraperry@cityofcordele.com](mailto:debraperry@cityofcordele.com)  
Telephone: 229-276-2945  
Fax: 229-276-2907

Date Available \_\_\_\_\_

Total Fees \_\_\_\_\_

Date Received \_\_\_\_\_

Amount Paid \_\_\_\_\_

Records Received By \_\_\_\_\_