

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 7th St
P O Box 569
Cordele GA 31010
Email: debperry@cityofcordele.com
Telephone: 229-276-2945
Fax: 229-276-2907

Date Available _____

Total Fees _____

Date Received _____

Amount Paid _____

Records Received By _____