



**Office of the City Clerk  
Open Records Act Document Disclosure Form**

Date of Request: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Specific Document Requested:

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In the City's effort to make all public records available for review pursuant to the Georgia Open Records Act (O.C.G.A. § 51-18-70), the policy for processing information requests will be applied equally to all. Administrative fees will be assessed when requests involve making copies or when inordinate staff time is required to fill the request. By law, your request will be addressed, and you will receive a response detailing the estimated cost of your request within three (3) business days of the initial request. **The cost for copies will be calculated at ten cents (\$.10) per page.**

Every effort will be made to fulfill your request as promptly as possible. However, demands upon staff time may make it impossible to do so immediately. All properly made requests will receive a timely response in accordance with the Georgia Open Records Act.

**STAFF USE ONLY**

Date Request Filled: \_\_\_\_\_ Filled by: \_\_\_\_\_

Comments: \_\_\_\_\_

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