



Town of Mt. Airy
 P.O. Box 257
 869 Dicks Hill Parkway
 Mt. Airy, GA 30563
 Phone: (706)778-6990
 Fax: (706)776-3976

Open Records Request Form

Pursuant to the open records law, I would like

- To inspect and copy;
- To obtain copies

Of the following Town of Mt. Airy record (s):

(In order to reduce administrative and copying charges, please provide as detailed a description as possible of the record(s) that you are requesting.)

Please check one:

- I would like to review the documents/receive the copies within three (3) business days of this request if the records are available; however, I understand that if the records cannot be produced within three business days, a timetable for their release will be provided to me; or
- I do not need the documents/access within three (3) business days, but would like to review the documents/receive the copies by _____. (Insert desired timetable.)

I understand that pursuant to O.C.G.A § 50-18-71, I may be charged administrative and copying fees 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 fifteen minutes that it takes to respond to the request. The charge for the copies is \$0.25 per page unless otherwise provided by law. I agree to pay all copying and/or administrative cost incurred with fulfilling my open records request.

If there are any questions about my request, I may be contacted at (____) ____-____.

Signature of Requester

Date

Printed Name

Address: _____ City/State/Zip: _____

| | | | |
|-----------------------|------------------------------|-----------------------------|---------------------|
| Office Use Only: | | | |
| Completed By: _____ | Date(s): _____ | Total Research Hours: _____ | |
| Copying Fee: \$ _____ | Administrative Fee: \$ _____ | Amount Paid: \$ _____ | Check # _____ /Cash |