



CITY OF ADAIRSVILLE INFORMATION REQUEST FORM

Please file with the City Clerk's Office, 116 Public Square, Adairsville, GA 30103

Telephone: (770) 773-3451 · Fax: (770)-773-2582 · ldonald@adairsvillega.net

Date: _____ Time: _____ AM/PM

Requestor: _____ Organization: _____

Requestor address: _____

(If documents sent by mail.)

Phone Number: _____ Fax Number: _____

E Mail Address: _____

When Needed by: _____

Date

Time

ASAP

Pursuant to O.C.G.A. §50-18-70 et seq., I am formally requesting to inspect certain public records. In particular, records 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 hourly charges for search and retrieval, as well as any other fees that may be incurred according to the Georgia Open Open Records Act O.C.G.A. §50-18-71(c)(1)

Signature: _____

Use by City Clerk's Office Only

Request Received by: _____ Date Completed: _____

Request Forwarded to: _____ Department: _____

Number of Pages Copied: _____ Cost: _____ Task Time: _____ Cost: _____

Other Charges: _____ Amount Charged: _____