

City of Franklin Springs Open Records Request Form

Requestor Name: _____

Requestor Firm/Business: _____

Requestor Address: _____

City _____ State: _____ Zip _____

Requestor Cell# _____ Home/Office# _____

Requestor Email Address _____

Type of documents requested; dates; subject matter; types of files: _____

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 supervised 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 the request, except that no charge will be made for the first fifteen minutes. The Charge for copies is \$.10 per page unless otherwise provided by law. I agree to pay all copying and/or administrative cost incurred with fulfilling my open records request. I also understand that documents will not be produced which are required to be kept confidential by federal or state law or court order, or which constitute attorney-client communications or attorney work product. If files contains or are suspected to contain information exempt pursuant to the Georgia Open Records Act, the records may need to be redacted prior to being open for viewing/copying by the general public. If there is a dispute the City Clerk will be advised by the City Attorney on how to proceed.

Requestor's Signature

Date

For Office Use Only:

Request Received Via: Email Fax Regular Mail In person

Date Received _____ Time Received _____ Initials _____