

**REQUEST FOR DISCLOSURE OF DOCUMENTS
UNDER THE OPEN RECORDS ACT**

Please return this form to:
City Clerk's Office
City of Moultrie
P.O. Box 3368
Moultrie, Georgia 31776
Fax: 229-668-0351

Name of Requester: _____

Address: _____

Contact Person / Phone Number: _____
Fax Number: _____

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 (please be specific):

Records are to be made available within three (3) business days after signed open records request is received in City Clerk's office. If records cannot be made available within three (3) business days, you will be notified by mail.

I agree to pay any copying and/or administrative cost 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 for search, retrieval, and other direct administrative costs, such administrative charges not to exceed the salary of the lowest paid full-time employee who, in the discretion of the custodian of the records, has the necessary skill and training to perform the request. The requester is not charged for the first fifteen minutes of time.

Name (Print): _____

Signature: _____

Date: _____



**RECORD RETRIEVAL FEES
(To be completed by City Clerk)**

Record retrieval fees are as follows:

Actual time of record preparation (varies)	_____ Hrs x \$ _____	= \$
Actual time of copying (varies)	_____ Hrs x \$ _____	= \$
\$0.10 per page copy	_____ Pages @ \$0.10	= \$
\$10.00 first audio tape copy	_____ Copies @ \$#.00	= \$
\$10.00 each additional tape copy	_____ Copies @ \$#.00	= \$
Postage		= \$
Other costs		= \$
Video costs	_____ Copies @ \$#.00	= \$
Total actual costs:		= \$