

City of Lake City, GA

REQUEST TO INSPECT PUBLIC RECORDS

NAME: _____

ADDRESS: _____

TELEPHONE: _____

SPECIFIC RECORDS REQUESTED: _____

DATE RECORDS ARE TO BE MADE AVAILABLE: _____

The Undersigned agrees and is hereby responsible for the cost of the number of copies made and a charge commensurate with the hourly wage of the employee who is conducting the search, for all time said employee is absent from normal duties.

Signature of Requestor

Date

Approved By: _____ Date _____

Number of Copies provided: _____ @ \$0.10 per page = \$ _____

Employee Time: _____ Hours @ \$ _____ per hour = \$ _____

TOTAL COST: \$ _____

****NOTE:** Please indicate whether you wish copies of documents provided for inspection. Copies will be provided at a rate of \$0.10 per page [Georgia Code 50-18-71©]. A charge will also be made for all time of City employees if the time needed to search for requested documents exceeds 15 minutes.

ORIGINAL RECORDS ARE NOT TO BE REMOVED FROM THIS OFFICE