

TOWN OF TURIN  
P.O. Box 86  
Turin, GA 30289

**OPEN RECORDS REQUEST**

1. The City has three business days to determine if requested document are open records and to provide access to the documents, or to provide a time schedule for making them available. The City will provide open records as quickly as possible
2. Review of specific records can be done without charge unless the nature or volume of the material requested requires assistance. If assistance is necessary, there will be a special service charge. Inspection of records can be requested by making an appointment with the Town Clerk.
3. I understand that, pursuant to O.C.G.A. 50-18-70 through 50-18-76, I may be charged administrative and coping fee for the cost of search, and retrieve the requested documents. This fee represents the hourly rate of the lowest paid employee. The charge for copies will be \$0.10 per page. A deposit may be required.
4. **I agree to pay all coping and/or administrative cost incurred with fulfilling my open records request.** Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**PUBLIC RECORDS REQUEST BY:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**SPECIFIC PUBLIC RECORDS REQUEST:**

Ordinance NO: \_\_\_\_\_ Subject: \_\_\_\_\_  
Official Minutes: \_\_\_\_\_ Complete Set: \_\_\_\_\_ or Excerpt of Minutes? \_\_\_\_\_  
Date of Meeting: \_\_\_\_\_  
City Council: \_\_\_\_\_ or Planning & Zoning: \_\_\_\_\_

**OTHER PUBLIC RECORDS REQUESTS: (Please describe in detail)**

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Date Records Request filled: \_\_\_\_\_

Date Town Clerk called person to pick-up records: \_\_\_\_\_

Clerk's follow-up \_\_\_\_\_

Other Comments: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Requesting Person

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Signature of Town Clerk

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Signature of Person Picking-up Records

\_\_\_\_\_  
Date of Records Pickup

- Method:**
- Records Prepared for Viewing
  - Computer Records Copied to Disk
  - Photocopies Made
  - Electronic Transmission
  - Other; specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of Documents (approximate number of pages) \_\_\_\_\_

Number of Copies Provided: \_\_\_\_\_ Amount Charged: \_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Cost: \_\_\_\_\_ Deposit required (How much?) \_\_\_\_\_