

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)

Date Records Request filled: _____

Date Town Clerk called person to pick-up records: _____

Clerk's follow-up _____

Other Comments: _____

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?) _____