

REQUEST FOR DISCLOSURE OF DOCUMENTS UNDER THE OPEN RECORDS ACT

Date: _____

Name/Business Name: _____

Address: _____

Phone Number: _____

This form is to be used by individuals requesting documents under the Georgia Records Act (O.C.G.A. § 50-18-70 et seq.). It should not be used for requests to inspect routinely available records such as agendas, minutes, plats, etc. No Open Records Request is required to be in writing; however, use of this form will assist both the requestor and the City of Dacula to fulfill the request as accurately as possible.

Records Delivery Method

Do you prefer to review the requested records in person and determine which documents you would like copies of or should we make copies of the entire records and provide it to you?

- Inspect and copy records
- Obtain copies of records
- Email records to: _____
- Fax records to: _____

Records Requested (specify type of records and if you have any identifying information please include that)

Request Timeline

- I would like to review the documents/receive the copies within three business days of this request if the records are available and not exempted by law; however, I understand that if the records cannot be produced within three (3) business days a timetable for their release will be provided to me.
- I do NOT need the documents/inspection within three (3) business days, but would like to review the documents/receive the copies on the _____ day of _____, _____.

I understand that pursuant to O.C.G.A. § 50-18-70 et seq. I may be charged administrative and copying fees to search, retrieve, copy, redact, and supervise inspection of the requested documents. The fee for copying is generally **\$0.10** per letter or legal size page unless otherwise provided by state law. In the case of other documents, I understand that I may be charged the actual cost to produce such documents. In addition, the hourly charge shall not 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. There is no charge for the first fifteen (15) minutes. I agree to pay all costs incurred in fulfilling my open records request.

Printed Name

Signature

For Internal Use ONLY		
Received By:	Date:	Disposition: