



REQUEST FOR PUBLIC RECORDS CITY OF STONECREST

Name of Requester: _____ Date: _____

Address: _____

Home/Office Phone: _____ Mobile: _____

Fax Number: _____ Email Address: _____

Be advised that the city will charge **\$0.10 per page** for copies **plus an administrative charge** for the search, retrieval, and any other direct cost, at the rate of the lowest-paid City employee capable of providing the requested information. ***The first ten (10) pages and the first 15 minutes of research time are FREE.*** The city has *three (3) business days to respond* to your request.

It is essential that you carefully detail your request. Please be clear and as specific as possible. Under O.C.G.A. § 50-18-70 et seq., I am formally requesting to inspect **or** receive a copy of certain public records. In particular, the records requested are:

Address of Request *(if applicable)* _____

Detailed Description of your request: _____

- Contact me before proceeding if the cost and expense of responding to this request exceeds \$25.00
- Contact me of a time and place to inspect the records requested once the records have been located
- Copy the documents and notify me of a time and place to pick up the documents, and you may email if applicable.

I agree to pay all fees allowed by the Open Records Act for copies and any research time.

Signature: _____

Please email the completed form to CityClerk@stonecrestga.gov