OPEN RECORDS REQUEST

Should Be Delivered By Hand or By Certified Mail To:

The City of Pelham
City Manager
108 Hand Avenue West
Pelham, Georgia 31779

Phone (229) 294-7900

Pursuant to the open records law, I would like to: ___ inspect and copy; or ___ obtain copies of *(please check one)* the following records:

_____

_____

_____

_____

_____

(in order to reduce administrative and copying charges, please provide as detailed a description as possible of the records that you are requesting)

Please check one:

____ I would like to review the documents/receive the copies within three business days of this request if the records are available; however, I understand that if the records cannot be produced within three business days, a timetable for their release will be provided to me; or

____ I do not need the documents/access within three business days, but would like to review the documents/receive the copies by_____*(insert desired timetable)*

I understand that, pursuant to O.C.G.A. § 50-18-71, I may be charged administrative and copying fees for the cost to search, retrieve, copy and supervise access to the requested documents. This fee represents the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to my request, with no charge for the first fifteen minutes that it takes to respond to the request. The charge for copies is generally $.25 per page unless otherwise provided by law. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

If there are any questions about my request, I may be contacted at: (___)_____-_____. *(please insert daytime telephone number).*

Sincerely,

_____ *(Requestor)* _____*(Date)*

_____*(printed name)*

_____*(address)*

_____ *(City/State/Zip Code)*