



REQUEST FOR PUBLIC RECORDS

Date

Name

Phone

Email

Address

City, State

Zip

Pursuant to O.C.G.A. 50-18-71 et seq., I am formally requesting to inspect these specific public records:

Four horizontal lines for listing specific public records.

I agree to pay any copying and/or administrative costs incurred in fulfilling my requests to the extent permitted by Georgia law. Such costs may include copying charges of \$.10 per page and administrative charges for search, retrieval, and other direct administrative costs. Administrative charges 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. **A written response to this request will be sent no later than three business days following receipt of this request by the custodian of records.**

Signature of Requester: _____

Send your request via email to: ljones@cityofhinesville.org or by facsimile to (912) 369-2658.