

For office use only:

Date request received: \_\_\_\_\_ Completed By: \_\_\_\_\_ Date request fulfilled: \_\_\_\_\_  
Amount Charged: \_\_\_\_\_

## City of Doerun Open Records Request Form

The City of Doerun is dedicated to complying with the Georgia Open Records Act. In order to provide you with responsive records in as efficient and economical a fashion as possible, we request that you complete this written request for records. Precise identification of the records you seek will help us get the records to you as quickly as possible and for the least cost. Your contact information will allow us to provide you with an estimate of the cost to retrieve and prepare the records.

Name of Requester: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**All of the following identify and limit the records I am requesting:**

Subject Matter: \_\_\_\_\_

Dated Between \_\_\_\_\_ and \_\_\_\_\_

Contains the names or titles of the following person(s):

\_\_\_\_\_

\_\_\_\_\_

Please indicate here if you would like to inspect the records rather than receive copies:

\_\_\_\_\_ I would like to inspect the records rather than receive copies. Initials

I agree to pay any copying and/or administrative cost incurred in fulfilling my request to the extent permitted by Georgia law. Such cost may include copying charges of \$.10 per page or actual printing cost incurred for large print jobs and administrative charges for search, retrieval, redaction, and other direct costs, such administrative charges not to 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. The requester is not charged for the first 15 minutes of time.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Please return this form to:  
Merisha Carelock, Official Records Custodian  
223 W. Broad Ave/ P.O. Box 37  
Doerun, GA 31744

## Open Record Request Retrieval Fees:

Actual time of record preparation (varies)	_____ Hrs. X \$ _____	= \$
Actual time of copying (varies)	_____ Hrs. X \$ _____	= \$
\$.10 per page copy	_____ Pages @ \$0.10	= \$
\$10.00 first CD copy	_____ Copies @ \$10.00	= \$
\$5.00 each additional CD copy	_____ Copies @ \$5.00	= \$
Postage		= \$
Other Costs:		= \$
Video Costs:	_____ Copies @ \$10.00	= \$
<b>Total Actual Costs:</b>		= \$

Additional Information:

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