

CITY OF CAMILLA OPEN RECORDS REQUEST

Dursuant to the open records law of the State of Georgia, I would like to:inspect and copy; or obtain copies of the following City of Camilla records*:	
	der to reduce administrative and copying charges be as specific as possible about the ls you are requesting.
Check	One:
	I would like to review/receive the documents and copies within 3 business days of this request if the records are available. I understand if the records cannot be produced within 3 business days a timetable for their release will be provided to me; or
	I do not need the documents/access within 3 business days but would like to review the documents/receive the copies by (insert desired date).
fee for fee rep training the re-	erstand, pursuant to O.C.G.A. 50-18-71, I may be charged an administrative and copying the cost to search, retrieve, copy and supervise access to the requested documents. This presents the hourly rate of the lowest paid full-time employee with the necessary skill and g to respond to my request, with no charge for the first 15 minutes it takes to respond to quest. The charge for each copy is \$.10 per page. I agree to pay all copying and/or istrative costs incurred with fulfilling my open records request.
	e are questions about my request, I may be contacted at daytime phone number).
Reque	stor Signature:
Printe	d Name:
Addre	ss, City, State, Zip:
Email	Address:
Date o	f Request:

Return completed form to the Office of the City Clerk.