



REQUEST FOR PUBLIC RECORDS

Name of Requester : _____

Address: _____

Phone: _____

Email: _____

Pursuant to O.C.G.A.50-18-70 et seq., I am formally requesting to inspect certain public records. In particular, records requested for inspection are:

Date records are requested to be made available: _____

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, 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 fifteen minutes of time).

The following record retrieval fees may be charged:

Actual time of record preparation	_____ Hrs x \$_____	= \$_____
Actual time of copying	_____ Hrs x \$_____	= \$_____
\$0.10 per page copy	_____ Pages	= \$_____
\$10.00 first audio tape copy	_____ Copies	= \$_____
\$5.00 each additional tape copy	_____ Copies	= \$_____
Postage		= \$_____
Other Costs:		= \$_____

Total Actual costs: \$=====

Name (Print): _____

Date: _____

Signature: _____

Please return this form to:
City of Tifton
City Clerk's Office
130 E. 1st Street, P.O. Box 229, Tifton GA. 31793
E-mail: cityclerk@tifton.net; 229-391-3970