



City of Donalsonville

127 East Second Street • Post Office Box 308
DONALSONVILLE, GEORGIA 39845



1934

Charter Member

Telephone 229-524-2118 FAX 229-524-8360

REQUEST FOR RECORDS

The City of Donalsonville is dedicated to complying with the Georgia Open Records Act. In order to provide you with responsive records in an efficient and economical manner; we request that you complete this written request for records form. Precise identification of the records you seek, will allow us to 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 requested records.

Name of Requestor: _____

Address: _____

Phone: _____

Email Address: _____

Other Contact Information: _____

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

Subject Matter: _____

Department Creating/Maintaining the Record: _____

Dated Between: _____ and _____

Containing the names or titles of the following person(s): _____

Database containing the record: _____

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

By signing below, I agree to pay any copying and/or administrative cost incurred in fulfilling my request to the extent permitted by Georgia Law. Such costs may include copying charges of .10¢ per page 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 requestor is not charged for the first fifteen minutes of time.)

Name (Print): _____

Signature: _____



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Please return this form to: Denise Childree, City Clerk