



CITY OF LOOKOUT MOUNTAIN, GA

1214 LULA LAKE ROAD, LOOKOUT MOUNTAIN, GA 30750

Office: 706-820-1586

Fax: 706-820-0138

OPEN RECORDS REQUEST FORM

Date Received in Office: _____

(Please Print)

Name of Requester: _____

Address: _____

Contact Number: _____ E-mail: _____

Pursuant to O.C.G.A. § 50-18-70 et seq., I am formally requesting to inspect or obtain copies of certain public records. In particular, the records requested are:

I agree to pay any costs incurred in fulfilling my requests to the extent permitted by Georgia law. Such costs may include the search, retrieval, redaction, production or copying costs. Such charges shall not exceed the prorated hourly salary of the lowest paid full-time employee who, in the reasonable 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 quarter hour.

Signature: _____ Date: _____

RECORD RETRIEVAL FEES

of Hours Hourly Rate Total \$ Actual time of record preparation (Includes the search, retrieval, copying, and redaction of records – no charge for the first quarter hour) # of Pages \$0.10 per page copy (letter or legal) Postage (regular mail) Other costs (mileage, FedEx, UPS, printing for odd sized printed documents, media for electronic records, etc.) No Information Pursuant to Request

TOTAL AMOUNT DUE

Date Picked-up: _____ \$ Amount Received: _____

Signature: _____ Employee's Initials: _____

Print Name: _____ Date: _____