



G A R D E N C I T Y

Garden City Open Records Request

100 Central Ave. Garden City, GA. 31405

Date: ____/____/20____

PIN#: _____

The City of Garden City 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. The City does not manage records related to birth, death, marriage or divorce in Chatham County. Please note that the information you provide will also become a public record which could be posted online. The posted log will not include your address, phone number or email address. It will include the date of your submission, your first and last name, your city and state, and the description you input of the records you're requesting.

Requestors Information

Please Print

Name: _____

Company: _____

Address: _____

Phone: _____ (Cell) _____ Fax: _____

Email Address: _____

Records Requested:

Please state your request – be as detailed as possible. (Feel free to use the backside of this page)

Project Name: _____ Address/Location _____

Under the Georgia Open Records Act § 50.18.70 et seq. , by signing and submitting this request, you understand and agree to pay any copying and/or administrative costs incurred in fulfilling my requests to the extent permitted by Georgia law up to \$25.00. For requests incurring costs over \$25.00, I will be notified prior to completion of the request. 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 will not be charged for the first fifteen minutes of time.

By signing and submitting this request, you also acknowledge your understanding that this request, once submitted, is a public record and may be posted online as described at the top of this form. Your submission may be made available in its entirety to the public by request as well. Your contact information will allow us to provide you with an estimate of the cost to retrieve and prepare the records.

(Please print your name)

(Signature)

Date