

CITY OF SPRINGFIELD

OPEN RECORDS REQUEST FORM

Name: _____

Date: _____

Address: _____

Phone Number: _____ Email Address: _____

I am formally requesting to have copy made or inspect certain public records. Records requested for copies or inspection is as follows: _____

Please specify request below by placing a check mark in the appropriate box:

☐

Request copies of records

OR

☐

Request records are made available for inspection. Date requested that
Records be made available for inspection: _____

As required by state law O.C.G.A. §50-18-71, three (3) business days are allowed to complete or respond to your request.

I agree to pay any copying and/or administrative costs incurred in fulfilling my request to the extent permitted by Georgia law. Such costs may include copying charges of \$0.10 per page and administrative charges for search, retrieval, and other direct administrative costs, such administrative charges shall not exceed the salary of the lowest paid full-time employee who, in the discretion of the City Clerk/Custodian of Agency 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: _____

Please return this form to:

City of Springfield
City Clerk/Records Custodian
PO Box 1
130 South Laurel Street
Springfield, GA 31329
Phone: 912-754-7617

FOR OFFICIAL USE ONLY:

Date Received at City Hall: _____
Received by: _____

Date Clerk Received: _____ Time: _____
Total Cost to Fulfill Request: _____
Method Used: _____