



REQUEST FOR RECORDS

The City of Blue Ridge 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. Your contact information will allow us to provide you with an estimate of the cost to retrieve and prepare the records.

Name of Requester: _____

Address: _____

Phone: _____ **Email Address:** _____

Other Contact Information: _____

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

Subject Matter: _____

Department you believe created or maintains the Record: _____

Dated between _____ and _____.

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

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

Please list any other pertinent information to assist in your request: _____

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, 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: _____

Date submitted _____

Please return this form to: The City Clerk or Email to cityclerk@cityofblueridgega.gov