



CITY OF NORCROSS

Pursuant to the Georgia Open Records Act § 50.18.70 et seq., I am requesting an opportunity to inspect or obtain copies of public records.

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

SPECIFIC RECORDS REQUESTED: _____

The Undersigned agrees and is hereby responsible for the cost of the number of copies made and a charge commensurate with the hourly wage of the employee who is conducting the search, for all time said employee is absent from normal duties.

Signature of Requestor

Date

For Staff Use Only

Approved By: _____ Date _____

Media: _____ qty. _____ @ _____ = \$ _____

Number of Copies provided: _____ @ \$0.10 per page = \$ _____

Date records were emailed: _____

Employee Time: _____ Hours @ \$ _____ per hour = \$ _____

TOTAL COST: \$ _____

****NOTE:** Please indicate whether you wish copies of documents provided for inspection. Copies will be provided at a rate of \$0.10 per page [Georgia Code 50-18-71©]. A charge will also be made for all time of City employees if the time needed to search for requested documents exceeds 15 minutes.

ORIGINAL RECORDS ARE NOT TO BE REMOVED FROM THIS OFFICE