City of Dawsonville
P.O. Box 6, 415 Highway 53 East, Suite 100
Dawsonville, Georgia 30534
Phone: (706)265-3256
Email: clerk@dawsonville-ga.gov
Website: www.dawsonville-ga.gov

Open Records Request Form

Pursuant to the open records law, I would like

(please check one) _____to inspect and copy;

_____to obtain copies

of the following City of Dawsonville record(s):

_____

_____

_____

_____

_____

_____

(in order to reduce administrative and copying charges, please provide as detailed a description as possible of the record(s) that you are requesting)

Please check one:

_____I would like to review the documents/receive the copies within three (3) business days of this request if the records are available; however, I understand that if the records cannot be produced within three business days, a timetable for their release will be provided to me; or

_____I do not need the documents/access within three (3) business days, but would like to review the documents/receive the copies by _____. (insert desired timetable)

I understand that pursuant to O.C.G.A. § 50-18-71, I may be charged administrative and copying fees for the cost to search, retrieve, copy and supervise access to the requested documents. This fee represents the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to my request, with no charge for the first fifteen minutes that it takes to respond to the request. The charge for copies is $.10 per page unless otherwise provided by law. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

If there are any questions about my request, I may be contacted at (_____) _____ - _____.

_____ _____

Signature of Requestor Date Printed Name

Address: _____City/State/Zip_____

Office Use Only:

Completed By:_____ Date(s): _____ Total Research Hours:_____

Copying Fee:_____ Administrative Fee:_____ Amount Paid $_____ Check # _____/Cash