



OPEN RECORDS REQUEST

The City of Dahlonega is dedicated to complying with the Georgia Open Records Act. In order to provide you with responsive records in as efficient and economical 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 Person Requesting Records: _____

Address: _____

Phone: _____

Email Address: _____

Other Contact Information: _____

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

Subject Matter: _____

Dated Between _____ **and** _____

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

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.

Name (Print): _____ **Date:** _____

Signature: _____

Please return this form to: City Clerk - 465 Riley Road - Dahlonega, GA 30533 - 706-482-2710
Email: mcsukas@dahlonega-ga.gov