



## CITY OF CORNELIA

### REQUEST TO INSPECT PUBLIC RECORDS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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 the time said employee is absent from normal duties.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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

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. You will receive a response within three (3) business days.

ORIGINAL RECORDS ARE NOT TO BE REMOVED FROM THIS OFFICE