



## CITY OF BAXLEY OPEN RECORDS REQUEST

Please complete Sections 1, 2 & 3, sign and submit to Reba Cash, City Clerk via: (a) email to [records@baxley.org](mailto:records@baxley.org); (b) U.S. mail to P.O. Box 290, Baxley, GA 31515; or (c) hand delivery to City Hall at 282 East Parker Street, Baxley, GA. Requested records will be made available as provided by state law (O.C.G.A. §50-18-70 *et.seq.*).

### SECTION 1 – REQUESTOR INFORMATION

Name of Requestor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Requested: \_\_\_\_\_

### SECTION 2 – RECORD(S) REQUESTED

Please describe the record(s) you are requesting and any additional information that will assist in locating the record(s) as quickly as possible. Greater detail may result in earlier production and lower cost; insufficient information to identify the record(s) may result in higher cost or the inability to produce the requested record(s).

Subject Matter: \_\_\_\_\_

Department: \_\_\_\_\_

Dated Between: \_\_\_\_\_ and \_\_\_\_\_

Other Info: \_\_\_\_\_

\_\_\_\_\_

### SECTION 3 -- RECORDS DELIVERY

I prefer to receive the requested record(s) by:  Inspection  Copy  Mail  Email

I understand that, pursuant to O.C.G.A 50-18-71, I may be charged administrative and copying fees for the costs 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 it takes to respond to the request. The charge for copies is generally \$.10 per page unless otherwise provided by law. I agree to pay all applicable administrative and copying costs incurred with fulfilling my open records request.

I wish to be notified prior to production of records if costs expected to exceed \$25.  Yes  No

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