

CITY OF BUFORD GEORGIA OPEN RECORDS REQUEST FORM

Date of Request: _____

To: _____

Department: _____

Documents Requested for inspection: (describe in detail as much as possible)

(Use additional sheets and attach, if necessary)

Name of Requestor: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Work: _____ Home: _____

Email address: _____

NOTICE: Under Georgia Law, an agency has three (3) business days to respond to this request. The charge for providing copies of documents is \$.10 per page, plus the hourly rate of the lowest paid individual qualified to assemble the records, based upon the actual time spent assembling the response, less the first 15 minutes. All fees are due and payable in cash or by certified check at the time of inspection or upon receipt of copies.

I hereby agree to the payment, if any, of all charges provided by the law to the agency responding to this request.

Signature

Date

Received by:

City Employee

Date