



REQUEST FOR PUBLIC RECORDS

CITY OF POWDER SPRINGS

Name of Requestor: _____ Date: ____/____/____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Pursuant to O.C.G.A. 50-18-71 et. Seq, I am formally requesting to inspect these specific public records:

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 \$.25 per page and administrative charges for search, retrieval, and other direct administrative costs. Administrative charges shall not exceed the salary of the lowest paid full-time employee who, in the discretion of the custodian of the records, has the necessary skill and training to perform the request.

Signature of Requestor: _____

Submit your request via facsimile to (770) 943-8003 or email to kaxt@cityofpowdersprings.org

Requests can also be mailed to: City Clerk's Office
City of Powder Springs
4484 Marietta Street
Powder Springs, GA 30127