# CITY OF BLAIRSVILLE OPEN RECORDS REQUEST

**Pursuant to the open records law, I would like to:**

**_____inspect and copy ____obtain copies of the following City of Blairsville records:**

**_____**

**_____**

**_____**

**_____**

(In order to reduce administrative and copy charges, please provide as detailed a description as possible of the records that you are requesting)

**_____I would like to review the documents/receive the copies within three business days of this request if the records are available; however, I understand that if the records cannot be produced within three business days, a timetable for their release will be provided to me, or**

**_____I do not need the documents/access within three business days, but would like to review the documents/receive the copies by _____(date).**

**I understand that, pursuant to O.C.G.A. § 50-18-71, I may be charged administrative and copying fees for the cost 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 that 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 copying and/or administrative cost incurred with fulfilling my open records request.**
**If there are any questions about my request, I may be contacted at _____.(day #)**

**_____**
**Requestor's Signature Date**

**_____(printed name)**

**_____(address)**

**_____**

**Paid____copies @.10=_____**

***charges apply after 10th copy**

**Received by:_____**

**Date received:_____**