

**OPEN RECORDS REQUEST  
CITY OF CHAMBLEE**

**Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

I am formally requesting to inspect certain public records. In particular, records requested for inspection are: \_\_\_\_\_

**Date records are requested to be made available:** \_\_\_\_\_

As required by state law O.C.G.A. § 50-18-70, 3 business days are allowed to complete your request or 3 business days to provide records for inspections.

\*\*\*\*\*

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, such administrative charges not to 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. (The requester is not charged for the first fifteen minutes of time.)

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Please return this form to:*  
The City of Chamblee  
5468 Peachtree Road  
Chamblee, GA 30341  
Phone: 770-986-5010  
Fax: 770-986-5014

**FOR OFFICIAL USE ONLY:**

Handled by: \_\_\_\_\_

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

Time: \_\_\_\_\_

Time Expended: \_\_\_\_\_

Method: \_\_\_\_\_