



**REQUEST FOR PUBLIC RECORDS  
CITY OF EAST POINT**

The City of  
**East Point**  
Georgia

Name of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

Requester's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Pursuant to O.C.G.A. § 50-18-70 et seq., I am formally requesting to inspect or a copy of certain public records. In particular, records requested are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

I agree to pay any copying and/or administrative costs incurred in fulfilling my request 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. The City must provide at least fifteen (15) minutes free for search and retrieval and after that, the hourly charge, which is imposed, shall not exceed the salary of the lowest paid employee who has the necessary skill and training to carry out the request.

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

I would like to inspect the information and get cost prior to committing to pay for it.

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

I agree to pay for information inspected as requested.

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

***Mail To: City of East Point, City Clerk, 2777 East Point Street, East Point, GA 30344***

Or

***«Please fax this form to the City Clerk at (404) 765-1014»***