



Post Office Box 436, 203 W. Cotton Street, Vienna, Georgia 31092
(229) 268-4744

OPEN RECORDS REQUEST FORM

Date of Request: _____

Name of Person Requesting Records: _____

Mailing Address: _____

Telephone: _____ Cell #: _____

Pursuant to O.C.G.A. 50-18-71 et seq., I am formally requesting to inspect certain public records. In particular, records requested for inspection are: _____

I agree to pay for 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 \$0.10 per page and 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 person requesting the public records will not be charged for the first fifteen minutes of time.)

Name (Print): _____

Signature: _____

Please return this form to:

City of Vienna
Attn: City Clerk's Office
Post Office Box 436, 203 W. Cotton Street
Vienna, Georgia 31092
Email: margaret.shelley@cityofvienna.org

Request Received by: _____ Date Received: _____

Notes: _____

www.cityofvienna.org

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