



**REQUEST FOR PUBLIC RECORDS
CITY OF ROSWELL**

Name of Requester: _____

Address: _____

Phone: _____

Email: _____

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

Date of the submitted request: _____

Date records are requested to be made available: _____

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 various copying charges 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:
City of Roswell
City Clerk's Office
38 Hill Street, Ste. 115
Roswell, GA 30075
Email: cityclerkoffice@roswellgov.com
Phone: 770-641-3727



CITY OF ROSWELL

RECORD RETRIEVAL FEES

The following record retrieval fees may be charged:

Actual time of record preparation (varies)	Hrs x \$ _____	= \$
Actual time of copying (varies)	Hrs x \$ _____	= \$
\$0.10 per page copy (black & white)	Pages @ \$0.10	= \$
\$0.25 per page copy (color)	Pages @ \$0.25	= \$
\$5.00 CD/DVD	Copies @ \$5.00	= \$
Postage		= \$
Other costs:		= \$
		= \$
Total actual costs:		= \$

*Copies per page vary based on print color and paper size. Paper larger than 8.5” x 11” may incur additional costs.

The requester is not charged for the first fifteen minutes of time. Charges for time are 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.