

City of Dawsonville
415 Highway 53 East, Suite 100
Dawsonville, Georgia 30534
Phone: (706)265-3256
Email: clerk@dawsonville-ga.gov
Website: www.dawsonville-ga.gov

## Open Records Request Form

Pursuant to the open records law, I would like (please check one)		to inspect and copy;		
		to obtain copi	ies	
of the following City of Daws	onville record(s):	·		
(in order to reduce administration possible of the record(s) that		ges, please provide a	s detailed a description	on as
Please check one:				
I would like to review t request if the records are ava within three business days, a	<u>ailable</u> ; however, I und	erstand that if the reco	ords cannot be produ	
I do not need the docu documents/receive the copie				
I understand that pursuant to for the cost to search, retriev represents the hourly rate of respond to my request, with request. The charge for copic copying and/or administrative	e, copy and supervise the lowest paid full-tim no charge for the first t es is \$.10 per page un	access to the request ne employee with the r fifteen minutes that it t less otherwise provide	ted documents. This necessary skill and trakes to respond to the by law. I agree to p	fee aining to ne
If there are any questions ab	out my request, I may	be contacted at (	_)	
Signature of Requestor	Date		Printed Name	
Address:		City/State/Zip		
Office Use Only:				
Completed By:	Date(s):		Total Research Hours:	
Copying Fee:	Administrative Fee:	Amount Paid \$	Check #	/Cash