

**OPEN RECORDS REQUEST**  
**CITY OF SPRINGFIELD**

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

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

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

I am formally requesting to have copy made or inspect certain public records. In particular, records requested for copies or inspection is as follows: \_\_\_\_\_

Please specify request below by placing a check mark in the appropriate box:

**Request copies** of records

**OR**

**Request records are made available for inspection.** Date requested that records be made available for inspection: \_\_\_\_\_

As required by state law O.C.G.A. §50-18-71, three (3) business days are allowed to complete or respond to your request.

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 \$.10 per page and administrative charges for search, retrieval, and other direct administrative costs, such administrative charges shall not exceed the salary of the lowest paid full-time employee who, in the discretion of the City Clerk/Custodian of Agency Records, has the necessary skill and training to perform the request. The requestor is not charged for the first fifteen minutes of time.

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

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

***Please return this form to:***

City of Springfield  
City Clerk/Records Custodian  
PO Box 1  
103 S. Laurel St.  
Springfield, GA 31329

Phone: 912-754-6666 Fax: 912-754-7261

**FOR OFFICIAL USE ONLY:**

Date Received at City Hall: \_\_\_\_\_

Received by: \_\_\_\_\_

Date City Clerk Received: \_\_\_\_\_ Time: \_\_\_\_\_

Total Cost to Fulfill Request: \_\_\_\_\_

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