



City of Duluth  
Request to Inspect Public Records

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Specific Records Requested: \_\_\_\_\_

Format Requested: \_\_\_ Paper copies @ .25 cent per page  
\_\_\_ CD (\$25 charge for CD)  
\_\_\_ E-mailed (no charge for one e-mail, up to 2MB size)

Reason for Request (optional): \_\_\_\_\_

Date Records are to be made available: \_\_\_\_\_

The undersigned agrees and is hereby responsible for the cost of the number of copies made and a charge commensurate with the hourly wage of the employee who is conducting the search, for all time said employee is absent from normal duties.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

To be filled out by Records Officer

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Date Records Will Be Made Available: \_\_\_\_\_  
Number of Copies Provided: \_\_\_\_\_ @ \$.25 per page = \$ \_\_\_\_\_  
Employee Time: \_\_\_\_\_ hours @ \$ \_\_\_\_\_ per hour = \$ \_\_\_\_\_  
**Total Cost: \$ \_\_\_\_\_**

\*NOTE: Please indicate whether you wish copies of documents provided for inspection. Copies will be provided at a rate of \$.25 per page [Georgia Code 50-18-71 ©]. A charge will also be made for all time of City employees if the time needed to search for requested documents exceeds 15 minutes.

**ORIGINAL RECORDS ARE NOT TO BE REMOVED FROM THIS OFFICE**