



**CITY OF DULUTH**  
**Request to Inspect Public Records**

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Specific Records Requested:**

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

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

Parcel Number: \_\_\_\_\_ Zone: \_\_\_\_\_

Copies required: \_\_\_\_\_ Digital: \_\_\_\_\_ or Hard copies: \_\_\_\_\_

The undersigned agrees and is hereby responsible for the cost of the number of copies made and a charge equal to the hourly wage of the employee who conducts the search past initial 15 minutes, said employee is absent from normal duties.

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

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE:  
Please indicate whether you wish copies of documents provided for inspection. Copies will be provided at a rate of \$.25 per letter size page (GA Code 50-18-71©, large plans @ \$2.00 per page.

Records made Available on: \_\_\_\_\_

Number of Copies Provided: \_\_\_\_\_ @\$.25 per page = \$ \_\_\_\_\_  
@ \$2.00 per page = \$ \_\_\_\_\_

Employee Time: \_\_\_\_\_ hours @\$ \_\_\_\_\_ per hour = \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_