



WRITTEN REQUEST
FOR CITY OF HIRAM OPEN RECORDS

Pursuant to the open records law, I would like to: (Choose one of the following)

Inspect and copy: \_\_\_\_\_ or Have copies made to pick up: \_\_\_\_\_

The following City of Hiram records:

Four horizontal lines for listing records.

\*\*In order to reduce administrative and copying charges, please provide as much of a detailed description as possible on the records that you are requesting\*\*

Please check one of the following:

I would like to review the documents/receive the copies within three (3) business days of this request if the records are available; however, I understand that if the records cannot be produced within three (3) business days, a timetable for their release will be provided to me; or

I do not need the documents/access within (3) business days, but would like to review the documents/receive copies by \_\_\_\_\_ (insert desired date)

I understand that pursuant to O.C.G.A. 50-18-71, I may be charged administrative and copying fees for the cost to search, retrieve, copy and supervise access to the requested documents. This fee represents the hourly rate of the lowest paid full time employee with the necessary skill and training to respond to my request. This fee is free for the first 15 minutes of time and then the remaining time is billed at the employee's hourly rate. Additionally, the charge per page is \$ .10 unless otherwise noted by law. I agree to pay all copying and/or administrative time costs incurred with fulfilling my open records request.

Initials Here

Person Requesting Records: (Please Print Full Name) Today's date:

Address: City: State: Zip:

Phone Number to call when records are ready:

OFFICE USE ONLY:

Employee Taking the Request: Date: /Time:
City Clerk Recv'd: Date: /Time:

Please turn over to complete copying information

**COMPLETED OPEN RECORDS REQUEST  
BY CITY OF HIRAM EMPLOYEE**

Name of responding Employee: \_\_\_\_\_

Determination:

\_\_\_\_\_ Record(s) Subject to Disclosure    \_\_\_\_\_ Record(s) **NOT** Subject to Disclosure

Date Requestor Advised of Availability / Non-Availability of Record(s): \_\_\_\_\_

Date Records Made Available for Pick Up: \_\_\_\_\_

Method: \_\_\_\_\_ Records Prepared for Viewing  
          \_\_\_\_\_ Photocopies Made  
          \_\_\_\_\_ Electronic Transmission  
          \_\_\_\_\_ Other: Specify \_\_\_\_\_

Number of Documents Made Available: \_\_\_\_\_ (Approximate Number of Pages)

Number of Copies (Pages) Provided: \_\_\_\_\_

Amount Charged: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_