

TOWN OF MAYSVILLE

PO BOX 86
MAYSVILLE, GA 30558
(706) 652-2274
(706) 652-3511 FAX

OPEN RECORDS REQUEST FORM

Date this form was submitted to the Town of Maysville: _____

Pursuant to O.C.G.A. Section 50-18-70 *et. seq.*, I am formally requesting to inspect certain public records. In particular, records for inspection are:

Pursuant to O.C.G.A. Section 50-18-70 *et. seq.*, the Town of Maysville has three (3) business days for disclosure of the public records requested. Please provide the Town with a means of forwarding the information requested (phone number, address or fax number).

I agree to pay any copying and/or administrative cost incurred in fulfilling my request to the extent permitted by Georgia law. Such cost may include copying charges of \$0.25 per page and administrative charges for search, retrieval, and other direct administrative cost. Such administrative charges shall not exceed the salary of the lowest paid full-time employee who, in the discretion of the custodian of the records, has the necessary skill and training to perform the request. In no event will the total cost exceed \$ _____ per hour.

Name (print) _____

Signature _____