

**TOWN OF HOMER
PO BOX 146
HOMER, GEORGIA 30547
706-677-3510
FAX 706-677-2959**

OPEN RECORDS REQUEST FORM

Date submitted to the Town of Homer _____

Pursuant to O.C.G.A. Section 50-1-70 et. Seq., I am formally requesting to inspect certain public records. In particular, records for inspection are: _____

Pursuant to O.C.G.A. Section 50-19-70 et. Seq., the Town of Homer 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 .25 cents per page and 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 _____

OFFICE USE ONLY

Information copied by: _____ Date _____ Delivered by Mail ___ Fax ___

Picked up Signature _____ Date picked up _____