

CITY OF MARIETTA
INFORMATION REQUEST FORM

Please file with the City Clerk's Office, 205 Lawrence Street, Marietta, GA 30060
Telephone: (770) 794-5526 · Fax: (770)-794-5523 · sguy@mariettaga.gov

Date: _____ Time: _____ AM/PM

Requestor: _____ Organization _____

Requestor address: _____
(If documents sent by mail.)

Phone Number _____ Fax Number _____

E Mail Address _____

When Needed by: _____
Date Time ASAP

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

I agree to pay any copying and/or administrative costs incurred in fulfilling my requests to the extent permitted by Georgia law. Such costs may include copying charges of \$.10 per page and administrative charges of \$10 per hour for search and retrieval, as well as any other fees that may be incurred. (See the Open Records Policy and Procedure)

Signature: _____

Use by City Clerk's Office Only	
Request Received by: _____	Date Completed: _____
Request Forwarded to: _____	Department: _____
Number of Pages Copied: _____ Cost: _____	
Time spent _____ Cost: _____	
Other Charges: _____	Amount Charged: _____