CITY OF GAINESVILLE
OPEN RECORDS REQUEST

Date:	
Business Name:	
Requester's Name:	
Address:	
City, State, Zip Code:	
Telephone:	
Facsimile:	
Email Address:	

IMPORTANT NOTIFICATION:

The City of Gainesville has ***three (3)*** business days to respond to your request. The response shall be provided in written format and will be sent via email when possible. Responses shall include cost calculations (estimated or actual), when applicable. Some records are not readily accessible. In these instances, a timeline will be provided as to when the records are expected to be available.

Payment is required upon release of the records. Acceptable forms of payment include cash, checks and money orders.

REQUEST: Pursuant to O.C.G.A. §50-18-70 et seq., I am formally requesting to:

☐ Inspect/Review Records ☐ Obtain Copies of Records

DETAILED DESCRIPTION OF INFORMATION REQUESTED

RETURN THIS FORM TO: Gainesville City Clerk's Office, P. O. Box 2496, Gainesville, GA 30503
Telephone: 770-535-6865 Email: cityclerk@gainesville.org

Revised: 12/30/11