

**REQUEST FOR DISCLOSURE OF DOCUMENTS
UNDER THE OPEN RECORDS ACT**

Please return completed form to:
City of Sky Valley
3444 Highway 246
Sky Valley, Georgia 30537
Fax: 706-746-5893

The City of Sky Valley is dedicated to complying with the Georgia Open Records Act. In order to provide you with responsive records in as efficient and economical fashion as possible, we request that you complete this written request for records. Precise identification of the records you seek will help us get the records to you as quickly as possible and for the least cost. Your contract information will allow us to provide you with an estimate of the cost to retrieve and prepare the records.

Name of Requestor: _____

Address: _____

Phone and Fax Numbers: _____

Email Address: _____

Other Contact Information: _____

Pursuant to O.C.G.A. §50-18-70 et seq., all the following identify and limit the records I am requesting:

Subject Name / Subject Matter: _____

Dated between _____ and _____

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 for search, retrieval, redaction, and other direct costs, such administrative charges not to 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. The requester is not charged for the first fifteen minutes of time.

Name (Print): _____

Signature: _____

Date: _____

**RECORD RETRIEVAL FEES
(To be completed by City Clerk)**

Actual time of record preparation (varies)	Hrs x \$	= \$
Actual time of copying (varies)	Hrs x \$	= \$
\$0.10 per page copy	Pages @ \$0.10	= \$
\$.00 First CD copy	Copies @ \$.00	= \$
\$.00 each additional CD copy	Copies @ \$.00	= \$
Postage		= \$
Other costs		= \$
Video costs	Copies @ \$.00	= \$
Total actual costs:		= \$