



come to morrow
MORROW, GEORGIA

**Request for Public Records
City of Morrow**

Date: _____ **Date Received by City:** _____

Staff Person receiving the request: _____
(If received via mail, attach envelope; if received via email, attach copy of email)

Name of Requestor (Print): _____

Address: _____

Phone: _____ **Email:** _____

Pursuant to O.C.G.A.50-18-72et seq., I am formally requesting to *receive copies* or *inspect with possibly copies* (circle one) of these specific public records:

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, and other direct administrative costs. 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. The City will prepare an estimate of costs for my approval and I understand that payment of the estimated costs may be required before the City proceeds with the actual process if that cost is over \$50.

Signature of Requestor: _____

Send your request via facsimile to (770) 960-3002 or email to yjulio@cityofmorrow.com.

*Or request can be mailed to:
City Clerk's Office - City of Morrow
1500 Morrow Road
Morrow, GA 30260*