



REQUEST FOR PUBLIC RECORDS

Date: _____

Name of Requester: _____

Address: _____

Phone: _____

Email: _____

Pursuant to O.C.G.A. §50-18-70 et seq., I am formally requesting to inspect certain public records. (*Pursuant to Chapter 2, Section 2-3, routine requests of the City of Brookhaven Police Department and the City of Brookhaven Municipal Court shall not be made to the City Clerk. Please contact the Police Department (404-637-0678) or Brookhaven Municipal Court (404-637-0660).*) In particular, records requested through the City Clerk’s office for inspection are:

Date records are requested to be made available: _____

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, 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: _____

Please return this form to:

City Clerk’s Office
Susan D. Hiott, MMC
City of Brookhaven
4362 Peachtree Road,
Brookhaven, GA 30319 Susan.hiott@brookhavenga.gov
404-637-0464