



# REQUEST FOR PUBLIC RECORDS

City of Canton  
151 Elizabeth Street  
Canton, Georgia 30114  
Phone: (770) 704-1507 Fax: (770) 479-1872

Susan C. Stanton  
CITY CLERK

**Name of Requester:** \_\_\_\_\_

**Address of Requester:** \_\_\_\_\_

**Phone of Requester:** \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Purpose for request?** \_\_\_\_\_

\_\_\_\_\_

**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 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, who has the necessary skill and training to perform the request. (The requester is not charged for the first fifteen minutes of time.)

**Original Records Are Not To Be Removed**

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Please return this form to:*

City Clerk's Office  
Susan C. Stanton  
151 Elizabeth Street  
Canton, GA 30114  
Email: [susans@canton-georgia.com](mailto:susans@canton-georgia.com)



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## *Record Retrieval fees*

The following record retrieval fees may be charged:

Actual time of record preparation (varies)	_____ Hrs x \$ _____	= \$	
Actual time of copying (varies)	_____ Hrs x \$ _____	= \$	
\$0.25 per page copy (8 1/2 x11 b&w)	_____ pages @ \$ .25	= \$	
\$0.50 per page copy (legal B&W)	_____ pages @ \$ .50	= \$	
\$0.75 per page copy (11x17 b&w)	_____ pages @ \$ .75	= \$	
Color Copies ( \$.50 (8 1/2 x11), \$1.00 (legal), \$1.50( 11X17) ) per page	_____ pages @ \$ _____	= \$	
\$15.00 first audio tape/cd copy	_____ Copies @ \$ 15	= \$	
\$10.00 each additional tape/cd copy	_____ Copies @ \$ 10	= \$	
Larger than 11X17 Copies	_____ Copies @ \$ _____	= \$	
Postage		= \$	
Other costs:		= \$	
		= \$	
		= \$	
<b>Total actual costs:</b>		= \$	

Name of Records Requested: \_\_\_\_\_

\_\_\_\_\_

Name & Addresses of Requester: \_\_\_\_\_

\_\_\_\_\_

The requester is not charged for the first fifteen (15) minutes of time. Charges for time are 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.