

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

Nature of Information Requested:

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 \$0.10 per page and administrative costs 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.

This ____ day of _____, 2021

Name (Print): _____

Signature: _____

Email: _____

Address: _____

Telephone _____

Please return this form to:

Attention: City Clerk, City of St. Marys, deborah.walker-reed@stmarysga.gov, or Fax Number 912-510-4013.
Address: 418 Osborne Street, St. Marys, Georgia 31558

RECORD RETRIEVAL FEES

The following are record retrieval fees charged:

Actual time of record preparation (varies)	_____	Hours	x	\$ _____	= \$ _____
Actual time of record research	_____	Hours.	x	\$ _____	= \$ _____
Actual time of copying (varies)	_____	Hours.	x	\$ _____	= \$ _____
\$ 0.10 per page copy	_____	Pages	@	\$ <u>0.10</u>	= \$ _____
GIS/Map 11X17	_____	Pages	@	\$ <u>3.00</u>	= \$ _____
GIS/Map 18X24	_____	Pages	@	\$ <u>10.00</u>	= \$ _____
GIS/Map 24X36	_____	Pages	@	\$ <u>15.00</u>	= \$ _____
GIS/Map 36X48	_____	Pages	@	\$ <u>20.00</u>	= \$ _____
Audio tape copy	_____	Copies	@	\$ <u>5.00</u>	= \$ _____
DVD/CD copy	_____	Copies	@	\$ <u>1.00</u>	= \$ _____
Video tape copy	_____	Copies	@	\$ <u>10.00</u>	= \$ _____
Postage (varies)	_____	Postage	@	\$ _____	= \$ _____
Incident reports	_____	Copies	@	\$ <u>5.00</u>	= \$ _____
Other Costs:				\$ _____	= \$ _____

TOTAL ACTUAL COSTS: \$ _____