

# NON-POLICE RECORDS REQUEST

**City Manager's Office**  
509 N. McDonough St.  
P.O. Box 220  
Decatur, Georgia 30031  
404-370-4102 • Fax 678-553-6518  
decaturga.com



The City of Decatur is dedicated to complying with the Georgia Open Records Act. To provide you with records as efficiently and economically as possible, please complete this written request. Precise identification of the records you seek will help us get them to you as quickly as possible and for the least cost. Your contact information will allow us to provide you with an estimate of the cost to retrieve and prepare the records.

Requested by (name) \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Other contact information \_\_\_\_\_

**All of the following identify and limit the records I am requesting:**

Subject matter \_\_\_\_\_

Department creating or maintaining the record \_\_\_\_\_

Dated between \_\_\_\_\_ and \_\_\_\_\_

Containing the names or titles of the following person(s) \_\_\_\_\_

Please indicate here if you would prefer to inspect records rather than receive copies \_\_\_\_\_

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 should not exceed the salary of the lowest-paid full-time employee, whom in the discretion of the custodian of the records, has the necessary skill and training to fulfill the request. (There is no charge for the first 15 minutes of time).

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to City Manager Peggy Merriss, City of Decatur, 509 N. McDonough St., Decatur, GA 30030**