City of Lake Park

Request for Public Records

Name of Requester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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:

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I agree to pay any copying and/or administrative costs incurred in fulfilling my request to the extent permitted by Georgia law. Such costs may include copying charge of $.10 per page and administrative charges for search, retrieval, and other direst administrative cost, 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 of Lake Park

City Clerk’s Office

120 N Essa Street

Lake Park, GA 31636

Email: [clerk@cityoflakeparkga.com](mailto:clerk@cityoflakeparkga.com)

Request available date:\_\_\_\_\_\_\_\_\_\_\_\_

Received by:\_\_\_\_\_\_\_\_\_\_\_\_

Received date: \_\_\_\_\_\_\_\_\_\_\_\_

Pages/cost:\_\_\_\_\_\_\_\_\_\_\_\_