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 andrea.arnold@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 lin	nit the records I am requesting:	
Subject matter		
Department creating or maintaining	the record	
Dated between	and	
Containing the names or titles of the	e following person(s)	
Please indicate here if you would pre	efer to inspect records rather than rece	ive copies
Georgia law. Such costs may include redaction, and other direct costs. Such time employee, whom in the discret the request. (There is no charge for the request.)	e copying charges of 10¢ per page and ch administrative charges should not e ion of the custodian of the records, has	my requests to the extent permitted by administrative charges for search, retrieval, xceed the salary of the lowest-paid fulls the necessary skill and training to fulfill
Signature	Date	
<i>y</i> • • 		

Return this form to City Manager Andrea Arnold, City of Decatur, 509 N. McDonough St., Decatur, GA 30030