



City of Darien

P.O Box 452 | 702 North Way | Darien, GA 31305 | (912) 437-6686 | Fax (912) 437-2208

REQUEST TO INSPECT PUBLIC RECORDS

Name: _____

Address: _____ Telephone: _____

Specific Records Requested: _____

Copies Requested: YES – Number of Copies _____
 NO

Reason for Request (optional) _____

Date Records are Requested to be Available: _____

The undersigned agrees and is hereby responsible for the cost of the number of copies made and charges equal to the hourly wage of the employee who is conducting the search, for all time after the first 15 minutes said employee(s) is absent from normal duties.

Signature of Requestor

Date

Approved by: _____ Date: _____

Date Records will be Made Available: _____

Number of Copies Provided: _____ @ \$0.10 per page =

Employee Time: _____ Hours @ _____ per hour =

Total Cost: _____

*Note: Please indicate whether you wish copies of documents provided for inspection. Copies will be provided at a rate of \$0.10 per page. [Georgia Code 50-18-71 (c)] A charge will also be made for all time of government employees if the time needed to search for requested documents exceeds 15 minutes.

ORIGINAL RECORDS ARE NOT TO BE REMOVED FROM THIS OFFICE.