

**CITY OF LESLIE
OPEN RECORDS REQUEST FORM**

Name of Individual Requesting Records: _____

Address: _____

Contact Number: _____

Pursuant to O.C.G.A. §50-18-70, I am formally requesting to inspect certain public records. In particular, records requested for inspection are:

Date records are requested to be made available: _____

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 charges of \$.25 per page and 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. Note: Requester is not charged for the first 15 minutes of time.

Printed Name: _____

Signature: _____ Date: _____

Please return this form to:

City of Leslie
108 Commerce St.
Leslie, GA 31764
Email: lesliepd@sowega.net
Phone: (229) 874-1259
Fax: (229) 874-1379