



P. O. Box 436 Vienna, Georgia 31092  
(229) 268-4744

**OPEN RECORDS REQUEST FORM**

Date of Request: \_\_\_\_\_

Name of Person Requesting Records: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Pursuant to O.C.G.A. 50-18-71 et seq., I am formally requesting to inspect certain public records. In particular, records requested for inspection are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I agree to pay for 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 \$0.10 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. (The person requesting the public records will not be charged for the first fifteen minutes of time.)*

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return this form to:**

City of Vienna

Attn: City Clerk's Office

203 W. Cotton Street

Vienna, Georgia 31092

Email: [debra.spring@cityofvienna.org](mailto:debra.spring@cityofvienna.org)

Request Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

[www.cityofvienna.org](http://www.cityofvienna.org)

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