

CITY OF NEWNAN, GEORGIA

REQUEST FOR INSPECTION OF PUBLIC RECORDS

To: Open Records Officer
City of Newnan, Georgia
25 LaGrange Street
Newnan, Georgia 30263

REQUESTER:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____
Email: _____

I hereby request to inspect and/or copy the following public records:

Do any of the requested records relate to a civil action or administrative proceeding? ____ If YES, provide the style of the action or proceeding and the name, address, & telephone number of all parties or their counsel of record on a separate sheet. *A copy of this request must be served by you contemporaneous with its filing on all parties to the action or proceeding, or their counsel of record, if known.*

Electronic Messages & Data: To assist in locating electronically-stored data, provide the name, title or office of the person(s) whose messages or documents you desire to inspect. To the extent possible, provide the name or subject matter of the message content, any keywords you suggest be searched under, and a range of dates during which the message or document was created. Please specify if you want a printout of the message or data or whether you want the data in its digital format. Unless a specific format is requested, it will be provided in the digital format in which stored. You should provide this information on a separate sheet attached to this Request.

YOU SHOULD BE AS SPECIFIC AS POSSIBLE, USING THE BEST INFORMATION KNOWN TO YOU, WHEN REQUESTING PUBLIC RECORDS. THIS WILL ALLOW THE CITY TO BEST HONOR YOUR REQUEST.

I hereby request to inspect the records described above and am willing to pay the reasonable costs for search and retrieval, redaction, production and copying of such records, if not specifically exempted from disclosure.

Date: _____

Requester's signature