TO: Alisa Doyal, City Clerk

REQUESTER:
Name: __________________________________________
Address: ________________________________________
City: ______________ State: ___________ Zip: _________
Phone: ______________________________
Email: ______________________________

DATE OF REQUEST: ______________________

Pursuant to O.C.G.A. § 50.18.70 et seq., I hereby request to inspect and/or copy the following public records:

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

I agree to pay any copying and/or administrative costs incurred in fulfilling my requests to the extent permitted by Georgia law. Such costs may include various copying charges and administrative charges for research, retrieval, and other direct administrative costs, such 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 requester is not charged for the first fifteen minutes of time

Name (Print): ___________________________ Signature: ___________________________

Please return this form to:
Alisa Doyal, City Clerk
City of Villa Rica
571 W. Bankhead Highway
RECORD RETRIEVAL FEES

The following record retrieval fees may be charged:

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual time of record preparation</td>
<td>_______</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td>$0.10 per page copy (Black &amp; White)</td>
<td>_______</td>
<td>.10</td>
<td>$ _______</td>
</tr>
<tr>
<td>Total Costs:</td>
<td></td>
<td></td>
<td>$ _______</td>
</tr>
</tbody>
</table>

Villa Rica, GA  30180
Email: adoyal@villarica.org
Direct: 678-840-1212