



Please email completed document to: [jpowell@waycrossga.gov](mailto:jpowell@waycrossga.gov)  
Contact the City Clerk's office if you have any questions at: 912.490.2106

Opportunity in every direction.

**CITY OF WAYCROSS OPEN RECORDS REQUEST**

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

**Name of Requestor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Record(s) (if known):** \_\_\_\_\_

**Location of Record(Department, if known):** \_\_\_\_\_

Please describe the records you are requesting and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide information sufficient to identify the records may result in denial of the request.

Agencies shall produce for inspection, all records responsive to a request within a reasonable amount of time not to exceed three (3) business days of receipt of a request.

I understand I must pay the City's actual per page cost of \$0.10.

I wish to have copies of the records indicated above.

I wish to make an appointment to review the records indicated above before copies are made.

Method by which I would like to receive the information I have requested:

Mailed to me

Call me and I will pick up in person

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**For City Staff use only:** Date received:

Approved By: \_\_\_\_\_

Request completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Copies provided: Yes  No  Fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_