



Open Records Request

First Name: _____

Last Name : _____

Date: _____

Street Address: _____

City, State, Zip Code: _____

Pursuant to the Georgia Open Records Act, I would like to request:

By submitting this request, I understand the City of Temple has three business days to respond to this request pursuant to O.C.G.A. 50-18-72. (the Georgia Open Records Act)The City of Temple is authorized to impose a reasonable charge for the research, retrieval, redaction, and other administrative costs of complying with your inquiry, including copying charges of \$.10 per page and a charge of \$19.00 per hours after the first fifteen minutes.

Email Address: _____

Phone Number: _____

**Please submit to City Hall (240 Carrollton St.) or email to:
ketheredge@templega.us**