

**City of Lenox**  
**Teresa Barber, City Clerk**  
PO Box 560  
Lenox, Georgia 31637  
[cityoflenox@gmail.com](mailto:cityoflenox@gmail.com)  
229-546-4252 (T) 229-546-4227 (F)

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CITY OF LENOX OPEN RECORDS REQUEST

Pursuant to the open records law, I would like to: \_\_\_\_\_ inspect and copy; or, \_\_\_\_\_  
\_\_\_\_\_ obtain copies of the following City of Lenox records:

**(In order to reduce administrative and copying charges, please provide as detailed a description as possible of the record that you are requesting.)**

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Please check one:

\_\_\_\_\_ I would like to review the documents/receive the copies within 3 business days of this request if the records are available: however, I understand that if the records cannot be produced within 3 business days, a timetable for their release will be provided to me; or,

\_\_\_\_\_ I do not need the documents/access within 3 business days, but would like to review the documents/receive the copies by \_\_\_\_\_ (desired day).

I understand that, pursuant to OCGA 50-18-71, I may be charged administrative and copying fees for the cost of search, retrieve copy and supervise access to the requested. This fee represents the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to your request with no charge for the first 15 minutes. The charge for copies is generally \$.10 cent per page unless otherwise provided by law. I agree to pay all copying and/or administrative cost incurred with my request.

If there are any questions about my request, please contact me at this number \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Fax Number)

**Completion date of Request:** \_\_\_\_\_

**# of Pages** \_\_\_\_\_ **Fee Charged** \_\_\_\_\_

**Date Paid** \_\_\_\_\_ **cash** \_\_\_\_\_, **check** \_\_\_\_\_, or **money order** \_\_\_\_\_