

OPEN RECORDS REQUEST FORM

Instructions: Please complete, sign, and return this form by one of the following methods:

- (1) Deliver completed form to Boston City Hall, **OR**
- (2) Mail to City of Boston * Attn: Open Records * PO Box 370 * Boston, GA 31626 **OR**
- (3) Email to **kallen@bostonga.com**

** This form is not for Law Enforcement Records or Records Maintained by the Boston Police Department**

Requester(s) Name: _____ Telephone #: _____

Company Name: _____ Fax #: _____

Email Address: _____

Mailing Address: _____

Identify Requested Record(s): _____

Requester's Signature

Date

Below to be completed by City of Boston Staff

Date Received: _____ Time Received: _____

Request Received By: Visit Mail E-mail Fax Phone

____ Staff Initials, please deliver to City Clerk Date City Clerk Received: _____

Date Requester Advised of Availability/Non-availability of Record(s): _____

Date Record(s) Made Available: _____

- Method: Photocopies Made
 Electronic Transmission
 Records Prepared for Viewing
 Computer Records Copied to Disk
 Other, specify _____

Number of Documents (approximate number of pages) made available: _____

Number of Copies Provided: _____ Amount Charged: _____

____ City Clerk Initials Additional Comments: _____
