Attach Your Business Card Here

_____
Date

Department of Procurement
City of Atlanta
55 Trinity Avenue, SW, Suite 1900
Atlanta, Georgia 30303

Re: Open Records Request

Your Name: _____

Company: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email Address: _____

FC/Bid # and Title: _____

Request: _____

_____

_____

_____

By signing and submitting this request, I understand that the Department of Procurement has three (3) business days to **respond** to this request pursuant to O.C.G.A. § 50-18-72 (the Georgia Open Records Act).

Please return the request via email to dopopenrecordrequest@atlantaga.gov or fax to (404) 546-2967 to the attention of **DOP Open Record Request Coordinator**.

_____ _____
Printed Name Signature

The City is authorized to impose upon you a reasonable charge for the research, retrieval, redaction, and other administrative costs of complying with your inquiry, including copying charges of $0.10 per standard page and a charge of $14.56 per hour for the time you spend reviewing documents, *to begin after the first quarter hour* (15 minutes).

For Internal Use ONLY:		
Received by:	Date:	
Disposition:		