

COUNCIL MEMBERS
Bob Dixon
Alfonza Brown
Larry Evans
Sonny Morris
Ridley Parrish
Travis Singley



MAYOR
David Maynard

CITY ADMINISTRATOR
Donald Toms

City of Winder

OPEN RECORDS REQUEST

(Please submit this request in person, by mail, by email or fax)

***Please note: We have up to 3 business days to comply with your request**

Please print the following clearly:

Requested by: _____

Address: _____
(If you request a copy to be mailed to you, include a self-addressed, stamped envelope)

Phone: _____

Email: _____

Pursuant to O.C.G.A. §50-18-70 et seq., I am formally requesting to inspect certain public records. In particular, records requested for inspection are:

I agree to pay any copying and/or administrative costs that are incurred in fulfilling my request to the extent permitted by Georgia Law. Such costs may include copying charges of \$.10 per page for letter or legal size documents, the actual costs of producing odd-size printed documents, actual media costs on which electronic records or data is produced, administrative charges for the search/retrieval, and other direct administrative costs. §50-18-71 (c) (2)

Such administrative charges are not to exceed the salary of the lowest paid, full time employee who, in the discretion of the custodian of the records, has the necessary skills and training to fulfill the request; provided, however, that no charge shall be made for the first quarter hour. §50-18-71 (c) (1)

Pursuant to O.C.G.A 50-18-90 Georgia Records Act: Issued by the Office of Secretary of State, Winder Municipal Court does not keep records of disposed citations once all court requirements have been met and the citation reaches the required retention period. If the record has been destroyed then you may need to provide your driving/criminal history showing the case was in Winder Municipal Court, we are able to issue a letter stating the disposition is not available.

Charges can occur for records—even if not picked up. §50-18-71 (c) (3)

I agree to the following information and have provided it to be true and correct:

Signature: _____ Date: _____

Total Fees Charged: _____ Please Check box if No fee(s) charged

Prepared by _____

_____ Clerks Signature