



City of Cochran

P. O. Box 8
Cochran, GA 31014

Office (478) 934-6346 Fax (478) 934-3230

OPEN RECORDS REQUEST

Requester's Name: _____ Date: _____

Organization: _____

Mailing Address _____ Phone # _____

_____ Email: _____

Please specifically identify the records you are requesting:

Will you require a Record Review appointment? _____ Is so, list date: _____

Signature: _____

***** PLEASE NOTE: A CHARGE WILL BE APPLIED FOR ALL COPIES. *****
*****PRICE DEPENDS ON SIZE AND COLOR. *****

Standard Size Copy	\$0.10 per page
Non- Standard size copy	\$0.50 per page
CD:	\$2.00 per disk

TO BE COMPLETED BY CITY PERSONNEL

Date Received: _____ Time Received: _____

Requested by: Mail Fax Email Visit

of copies _____ Amount Charged _____

Employee Signature: _____ Date: _____

112 W. Dykes Street
Cochran, GA 31014



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