CLARKSTON MUNICIPAL COURT

3921 CHURCH STREET
CLARKSTON, GEORGIA 30021
(404) 292-9465

CITY MANAGER ROBIN I. GOMEZ CHIEF CHRISTINE HUDSON

Request for Public Records

Name of Requester:
_____Date:_____
Address:_____
Phone:_____
Email Address:_____

Pursuant to O.C.G.A. 50-18-71 et seq., I am formally requesting to inspect these specific public records:
_____
_____
_____
_____

I agree to pay any copying and/or administrative costs incurred in fulfilling my requests to the extent permitted by Georgia law. Such costs may include copying charges of $.10 per page, $5.00 per accident report and administrative charges for search, retrieval, and other direct administrative costs. Administrative charges shall not exceed the salary of the lowest paid full-time employee who, in the discretion of the custodian of the records, has the necessary skill and training to perform the request.
Name (Print): _____
Signature:_____

Send your request via facsimile to (404) 298-1522 or e- mail: djackson@cityofclarkston.com
Or requests can be mailed to:
City of Clarkston
Public Records Clerk -Dorothy Roper-Jackson
3921 Church Street
Clarkston, Georgia 30021

_____
OFFICE USE ONLY:
Date Received:_____ Received by:_____
Date Completed:_____ Approved for release :_____
ORR#:_____ Amount Paid:_____CA CK CR