

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_