Open Records Request Form

First Name Last Name Date Street Address City, State, Zip Code Pursuant to the Georgia Open Records Act, I would like to request: By submitting this request, I understand the City of Temple has three business days to respond to this request pursuant to O.C.G.A. 50-18-72. (the Georgia Open Records Act)The City of Temple is authorized to impose a reasonable charge for the research, retrieval, redaction, and other administrative costs of complying with your inquiry, including copying charges of \$.10 per page and a charge of \$14.02 per hours after the first fifteen minutes. Email Address Phone Number	You must have JavaScript enabled to use this form.
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