

# Open Records Request Form

You must have JavaScript enabled to use this 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

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