



**MACON-BIBB COUNTY PLANNING & ZONING COMMISSION
OPEN RECORDS REQUEST**

Pursuant to the Georgia open records law, I would like to (*please check one*)

inspect; or inspect and copy; or obtain copies

of the following Macon-Bibb County Planning and Zoning Commission records pertaining to property at
(*print address*) _____

File No. _____

I understand that I may review the documents/receive the copies within three business days of this request if the records are available; however, if the records cannot be produced within three business days, a timetable for their release will be provided to me. I understand that, pursuant to O.C.G.A. 50-18-71, I may be charged administrative and copying fees for the cost to search, retrieve, copy and supervise access to the requested documents. This fee represents the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to my request, with no charge for the first fifteen minutes that it takes to respond to the request. The following charges may be applicable:

- \$16.00 per hour, or fraction thereof, after the first 15 minutes, for researching Zoning files and supervising access to files
- \$40.00 plus \$10.00 for each file for off-site retrieval (payable in advance of our requesting files from off-site).
- \$0.10 per page for copying information from files.
- \$5.00 each for computer generated info reports.
- \$35.00 for scanning and printing over-sized maps and plans from files.
- \$10.00 each for CD copies of reports/information.

I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request. I also understand that while I am reviewing files no personal attaché, briefcase, purse, folder, or notebook may be present in the immediate vicinity of my reviewing files.

By: _____ Of: _____
(PRINTED NAME OF PERSON VIEWING FILES) (NAME OF COMPANY, AGENCY, OR FIRM)

Applicant Address: _____

City _____ State _____ Zip _____

Applicant Daytime Phone: _____ - _____ - _____

Signature: _____ Date: _____

**Please make checks payable to Macon-Bibb County Planning and Zoning Commission
If you have any questions and or concerns please contact us at info@mbpz.org**

THIS SPACE FOR OFFICE USE ONLY

_____ PAGES @ \$0.10 EACH = \$ _____ FEE CATEGORY: _____

OTHER ADMINISTRATIVE/COPYING FEES: \$ _____ FEE CATEGORY _____

\$ _____ FEE CATEGORY _____

AMOUNT RECEIVED: \$ _____ DATE: _____

APPLICATION TAKEN BY: _____

(SIGNED BY ZONING REPRESENTATIVE)