

**FOR DEPARTMENT OF
PROCUREMENT RECORDS ONLY***

Attach Your Business Card Here

Date

Department of Procurement

City of Atlanta
55 Trinity Avenue, SW, Suite 1900
Atlanta, Georgia 30303



Re: Open Records Request

Your Name: _____

Company: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email Address: _____

Solicitation # and Title: _____

Request: _____

By signing and submitting this request, I understand that the Department of Procurement has three (3) business days to **respond** to this request pursuant to O.C.G.A. § 50-18-72 (the Georgia Open Records Act).

Please return the request via email to openrecords-procurement@atlantaga.gov to the attention of **DOP Open Record Request Coordinator**.

Printed Name

Signature

The City is authorized to impose upon you a reasonable charge for the research, retrieval, redaction, and other administrative costs of complying with your inquiry, including copying charges of **\$0.10** per standard page and a charge of **\$14.56** per hour for the time you spend reviewing documents, *to begin after the first quarter hour (15 minutes)*.

For Internal Use ONLY:		
Received by:	Date:	
Disposition:		

***This form is for documents only maintained and controlled by the Department of Procurement. If you desire records or information from another department (i.e., Watershed Management, Atlanta Police Department, Finance, etc.), then please contact Atlanta 311 Services at <https://www.atl311.com>.**