



**REQUEST FOR DOCUMENTS
FREEDOM OF INFORMATION ACT
Call (912) 651-6530 for Information Fax (912) 651-6543**

**PUBLIC INFORMATION ACT
GUIDELINES (O.C.G.A. 50-18-70, O.C.G.A. 50-18-71(c)(d), City of Savannah Revenue Ordinance**

- 1. DATE: _____
- 2. YOUR NAME: _____ PHONE: _____
- 3. REPRESENTING: _____
- 4. **DO YOU HAVE AN AFFIDAVIT ATTESTING TO YOUR REPRESENTATION?**
 - A. YES, ATTACHED _____ NO, BECAUSE _____
 - B. WHOM SHOULD WE CALL FOR VERBAL VERIFICATION?
NAME _____ TITLE _____
PHONE _____

5. **PRINTED DOCUMENTS REQUESTED.** Be very specific. For searches/reproduction which takes longer than 15 minutes, there will be a clerical fee of \$10.00 minimum per hour or any part thereof. In addition there will be a charge of \$.25 per photocopy page or computer printout page and the cost of the postage if the items are to be mailed. These charges are payable by check to the City of Savannah.

Describe what you want. (If more space is needed, attach a sheet or use the reverse).

6. **PLANS OR MICROFILMING.** If you request copies of plans, the Inspections Department will send the plans or film to Savannah Blueprint Company, 11 E. York Street (912) 232-2162. You must then instruct them on what to reproduce and in what size. You will pay them directly for the work and they will return the original material to the Inspections Department.

What plans or film do you want sent to Savannah Blueprint Company? _____

7. **TIME ALLOWANCE.** You must allow at **least 48 hours** for our research of files and documents. We will call you if it takes longer to fulfill your request. We do not control the work of Savannah Blueprint Company, so please make appropriate arrangements with them.

8. **YOUR SIGNATURE OF AGREEMENT TO THE ABOVE CONDITIONS.**

_____ (Attest) _____

CITY OF SAVANNAH, GEORGIA (rev. 08/09)