

Open Records Request Form

Request Number: _____
Date Received in Office: _____
Time: _____

Date **Person Making Request** **Company**

Address **City** **State** **Zip Code**

Method in Which Request was Received: Email ___ Mail ___ FAX ___ Walk-In ___

Request:

Signature: _____

Response to Request:

Rate Per Hour: _____ **Time Used:** _____ **Total Charge:** _____

Employee Signature **Title** **Date**

FAX form to: 229-524-8984 or deliver to 200 S. Knox Ave, Donalsonville, GA 39845

NOTE: *In addition to copying fees, a reasonable charge may be collected for search, retrieval, and other direct administrative costs for complying with a request under this Code section. The hourly charge cannot exceed the salary of the lowest paid full-time employee who, in the discretion of the custodian of the records, has the necessary skill and training to perform the request. There is no charge for the first quarter hour (O.C.G.A. § 50-18-71 (d)).*

Current Rate: *The County charges a base fee of \$12.30 per hour and 25¢ per copy.*