

Open Records Request Form

Number:

Date	Person Making Request	Company
_____	_____	_____

Form in Which Request was Received: Email ____ Mail ____ FAX _____

Request:

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 \$11.30 per hour and 25¢ per copy.*