

BROOKS COUNTY OPEN RECORDS REQUEST

Pursuant to the open records law, I would like to:

inspect inspect and copy obtain copies (please check one)
the following Brooks County records: _____

(in order to reduce administrative and copying charges, please provide as detailed a description as possible of the records you are requesting.)

Please check one:

I would like to review the documents within three (3) business days of this request if the records are available; however, I understand that if the records cannot be produced within three (3) business days, a timetable for their release will be provided to me; or

I would like to review the documents/receive the copies within three (3) business days of this request if the records are available; however, I understand that if the records cannot be produced within three (3) business days, a timetable for their release will be provided to me; or

I do not need to review the documents within three (3) business days, but would like to review the documents by _____ (insert desired timetable); or

I do not need to review and receive the copies of the documents within three (3) business days, but would like to review the documents/receive the copies by _____ (insert desired timetable).

I understand that, pursuant to O.C.G.A. § 50-18-71, I may be charged administrative and copying fees for the cost of 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 charge for copies is generally \$.10 per page unless otherwise provided by law. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

If there are any questions about my request, I may be contacted at: (_____)_____.
(please insert daytime telephone number).

Sincerely,

Requestor

Date

(Printed Name)

(Address)

Copies	\$ _____	(_____ Pages @ \$.10 ea.)
Research	\$ _____	(_____ Hours @ \$ _____/hr.)
Total Cost	\$ _____	
Receipt No.	_____	Date: _____