

OPEN RECORDS REQUEST FORM

Requestor's Name: _____ Organization: _____

Mailing Address: _____

E-mail Address: _____ Phone Number: _____

Identify Requested Records: _____

I understand that, pursuant to O.C.G.A. 50-18-71, I may be charged administrative and copying fees for the cost to 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 the request, except that no charge will be made for the first fifteen minutes. 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. _____ (Initial)

Please check one:

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

_____ I do not need the documents/access within three business days, but would like to review the documents/receive the copies by _____.

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To be completed by Magistrate Court personnel

Date Received: _____ Time Received: _____

Request received by: Mail Fax E-mail Visit

Name of responding employee: _____ Response date: _____

Determination: Record(s) subject to disclosure Record(s) NOT subject to disclosure

Date Requester Advised of Determination: _____ Date Records Made Available: _____

Method Made Available: Prepared for Viewing Computer Records Copied to Disk
 Photocopies made Electronic Transmission
 Other (specify): _____

Number of Copies Provided: _____ Amount Charged: _____

Additional Comments: _____

Responding Employee Signature: _____