

BOARD OF COMMISSIONERS

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**REQUEST TO INSPECT PUBLIC RECORDS
GEORGIA OPEN RECORDS ACT O.C.G.A. §50-18-70**

Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Email Address: _____

Records Requested (be specific): _____

Manner in Which Requested Records are Received:

Copies Requested	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Inspection of Records	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Records	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reason for request (optional): _____

The undersigned is hereby responsible for the cost of the number of copies made at a rate of \$.10 per page. A charge will also be made commensurate with the hourly wage of the lowest paid employee authorized to search for and organize those records if the search for requested documents exceeds 15 minutes.

Signature _____ Date _____

NOTE: Original records are not to be removed from the office.

OFFICE USE ONLY

Approved by: _____ Date: _____

Date records will be made available: _____

Number of copies: _____ @ \$.10 per page Copy cost: _____

Employee time: _____ @ \$ _____ per hour Employee cost: \$ _____

TOTAL: \$ _____