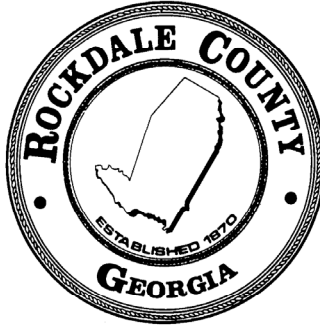


BOARD OF COMMISSIONERS

OZ NESBITT, SR., CHAIRMAN  
Sherri L. Washington, Commissioner Post I  
Dr. Doreen Williams, Commissioner Post II



TELEPHONE: 770-278-7001

FACSIMILE: 770- 278-8900

**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.**

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**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: \$ \_\_\_\_\_