

OPEN RECORDS REQUEST FORM PEACH COUNTY, GEORGIA

Pursuant to the Georgia Open Records Act, I would like to: (please check one) _____ inspect and copy;
 or _____ obtain copies of the following County records: (To minimize your administrative and copying expenses, please provide
 as detailed a description as possible of the records you are requesting.

Please note: Peach County, Georgia has adopted and follows the retention guidelines set forth by the State of Georgia). Please check one:

_____ 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 the documents/access within three (3) business days, but would like to review the documents/receive the copies by _____ (insert desired date).

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, retrieval, copying, redaction, and supervised 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 (15) minutes that it takes to respond to my request. The charge for copies is 10 cents per page for letter or legal sized documents and the actual cost for non-standard documents or electronic media, however, higher fees for certified copies or other specialized records (i.e. maps, plats, etc.) may be charged, if provided by law.

I understand that I will be asked to prepay all costs associated with retrieval of the records before the request will be processed if the estimated cost for producing the records exceeds \$500 or if I have failed to pay for requested records in the past. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

If there are any questions regarding my request, I can be reached at (best daytime phone number)

_____ or by email at _____

Signed _____

Date _____

Printed name: _____

Mailing address, City, State and Zip: _____

 For County Use Only: Open Records Requests are not required to be in writing. If the requestor declines the use of this form, fill it in based upon the information provided by the requestor as received in any other format.

Department: _____ Date: _____ Time Received: _____

Requestor notified of availability of records: _____ (date)

Charge for administrative time: \$ _____ hourly rate of lowest paid full-time who can respond multiplied by (x) _____ hours spent responding minus (-) \$ _____ first fifteen (15) at no charge equals (=) total	_____
Copy charges (10 cents per page x _____ number of pages) plus additional cCost for non-standard size copies \$ _____ Specialized costs (i.e. maps, plats, postage, certification)	_____
TOTAL AMOUNT DUE	_____

OPEN RECORDS REQUEST FORM PEACH COUNTY, GEORGIA

Pursuant to the Georgia Open Records Act, I would like to: (please check one) _____ inspect and copy; or _____ obtain copies of the following County records: (To minimize your administrative and copying expenses, please provide as detailed a description as possible of the records you are requesting.

Please note: Peach County, Georgia has adopted and follows the retention guidelines set forth by the State of Georgia). Please check one:

_____ 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 the documents/access within three (3) business days, but would like to review the documents/receive the copies by _____ (insert desired date).

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, retrieval, copying, redaction, and supervised 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 (15) minutes that it takes to respond to my request. The charge for copies is 10 cents per page for letter or legal sized documents and the actual cost for non-standard documents or electronic media, however, higher fees for certified copies or other specialized records (i.e. maps, plats, etc.) may be charged, if provided by law.

I understand that I will be asked to prepay all costs associated with retrieval of the records before the request will be processed if the estimated cost for producing the records exceeds \$500 or if I have failed to pay for requested records in the past. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

If there are questions regarding my request, I can be reached at (best daytime phone number) _____ or by email at _____ .

Signed _____ Date _____

Printed name: _____

Mailing address, City, State and Zip: _____

 for County Use Only: Open Records Requests are not required to be in writing. If the requestor declines the use of this form, fill it in based upon the information provided by the requestor as received in any other format.

Department: _____ Date: _____ Time Received: _____

Requestor notified of availability of records: _____ (date)

Peach County Commissioners Appearance Form, County Clerk's Office, Revised 2-22-18

Charge for administrative time: \$ _____ hourly rate of lowest paid full-time who can respond multiplied by (x) _____ hours spent responding minus (-) \$ _____ first fifteen (15) at no charge equals (=) total	_____
Copy charges (10 cents per page x _____ number of pages) plus additional cCost for non-standard size copies \$ _____ Specialized costs (i.e. maps, plats, postage, certification)	_____
TOTAL AMOUNT DUE	_____