OPEN RECORDS REQUEST

Pursuant to the open records law, I would like to ____ inspect and copy; or ____ obtain copies of (please check one) the following Marion County records: __________________________________________

____________________________________________________________________________

____________________________________________________________________________________________

____________________________________

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

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 ___________________________ (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 to search, retrieve, copy, redact, 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 15 minutes that it takes to respond to the request. The charge for copies is 25¢ 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 may be charged, if provided by law. I understand that I will be asked to prepay all costs associated with retrieving 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 about my request, I may be contacted at: (____) _____ - ________ (please insert daytime telephone number) or by e-mail at _________________________ (please insert e-mail address).

Sincerely,

___________________________________________ __________________________
Requestor Signature Date

__________________________________________________________ (printed name)

__________________________________________________________ (address)