OPEN RECORDS REQUEST

(Please Print)

Name of Requester: ____________________________________________________________

Address: ____________________________________________________________________

Contact Number: ______________  E-mail: __________________________________________

Pursuant to O.C.G.A. § 50-18-70 et seq., I am formally requesting to inspect or obtain copies of certain public records. In particular, the records requested are:

____________________________________________________________________________

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____________________________________________________________________________

I agree to pay any costs incurred in fulfilling my requests to the extent permitted by Georgia law. Such costs may include the search, retrieval, redaction, production or copying costs. Such charges shall not exceed the prorated hourly salary of the lowest paid full-time employee who, in the reasonable discretion of the custodian of the records, has the necessary skill and training to perform the request. The requester is not charged for the first quarter hour.

Signature: __________________________________  Date: ___________________________

RECORD RETRIEVAL FEES

<table>
<thead>
<tr>
<th>Actual time of record preparation</th>
<th># of Hours</th>
<th>Hourly Rate</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Includes the search, retrieval, copying, and redaction of records – no charge for the first quarter hour)</td>
<td># of Pages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0.10 per page copy (letter or legal)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postage (regular mail)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other costs (mileage, FedEx, UPS, printing for odd sized printed documents, media for electronic records, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Information Pursuant to Request</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL AMOUNT DUE

Date Picked-up: __________________________ $ Amount Received: _______

Signature: ___________________________  Employee’s Initials: _______

Print Name: __________________________ Date: ___________________