

FRANKLIN COUNTY OPEN RECORDS REQUEST

Pursuant to the open records law, I would like to ___inspect and copy; or ___obtain copies of the following Franklin County records:

___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 _____.

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 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 fifteen minutes that it takes to respond to the request. The charge for copies is generally \$.10 per page unless otherwise provided by law. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

If there any questions about my request, I may be contacted at: _____ (Daytime telephone number)

Requestor: _____ Date: _____
(Name)

(Address)
