

Georgia Open Records Act – Request Form

Date: ____/____/20____

Requestor's Name: _____

Mailing address: _____

City/State/Zip: _____/____/_____

Telephone number (____) ____-_____

Pursuant to the Georgia Open Records Law (O.C.G.A. 50-18-70 et seq.), you are hereby requested to make available for review and copying all files, records and other documents in your possessions that refer, reflect or relate to _____

_____ which occurred on, ____/____/20____.

You are requested to make available these documents within (3) three business days or provide a response outlining the appropriate time required to provide the documents.

If this request is denied in whole or in part, I ask that you cite in writing the specific statutory exemption upon which you have relied, as required by law. I also ask that you release all separate portions of otherwise exempt material. Prior to preparing the requested items, I request that you inform me of the cost for these items as required by Georgia law.

____ I request to pick up these items from the Washington County Sheriff's Office, upon being notified of their availability.

____ I request that a response to my Open Records Request be mailed to the above indicated address.

Requestor's Signature: _____