



# GEORGIA OPEN RECORDS REQUEST FORM

Oglethorpe County Board of Commissioners  
oglethorpecountyga.gov  
P.O. Box 261 · Lexington, Georgia 30648 · 706-743-5270

## Required Information:

Requester Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(City)

(State)

(Zip Code)

Email Address: \_\_\_\_\_ 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request to pick up these items from the Oglethorpe County Board of Commissioners' Office, upon being notified of their availability.

*Prior to preparing the requested items, I request that you inform me of the cost for these items as required by Georgia law. 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 inspection of the requested documents. The fee for copying is generally \$.10 per letter or legal size page unless otherwise provided by state law. In the case of other documents, I understand that I may be charged the actual cost to produce such documents. In addition, the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to my request will be charged after the first 15 minutes. I agree to pay all copying and administrative costs incurred in fulfilling my open records request.*

Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OPEN RECORD CUSTODIAN USE ONLY:

Date Request Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Notes:

Chip Ferguson  
Opens Records Custodian

openrecords@oglethorpecountyga.gov