



CLAY COUNTY OPEN RECORDS REQUEST

Oral Request Written Request
(Employee Complete Form if Oral Request)

Pursuant to the open records law, I would like to: inspect the following Clay 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 write on the back if additional space is needed)

Please check one:

_____ I would like to review the documents within three business days of this request if the records are available; however, I understand that if the records can not 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 by _____ *(insert 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 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 federally \$.25 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 are any questions about my request, I may be contacted at (_____) _____ - _____ *(please insert daytime phone)* or by email at _____

Sincerely,

Date _____

(Not required for Oral Request)

Requestor:

_____ (Print Name)

_____ (Address)

Forward to Custodian of Public Records (County Administrator) immediately upon receipt of request