HABERSHAM COUNTY BOARD OF COMMISSIONERS

OPEN RECORDS REQUEST

Pursuant to open records law, I would like to inspect and copy; or obtain copies of the following Habersham County records:

_____
_____
_____
_____
_____
_____
_____

I understand that if the records cannot be produced within three business days of this request, I will be notified of a timetable of their availability.

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 document. 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 15 minutes of the time it takes to respond to the request. The charge for each page is $.10 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, I may be contacted at this telephone number: _____ or email address: _____.

Name: _____

Address: _____

_____ _____
Signature **Date**

Department use only:

Information requested from _____
Department/Official

Results: _____
_____
_____
_____
_____
_____

_____ _____
Signature **Date**