RABUN COUNTY OPEN RECORDS REQUEST
(PLEASE PRINT)

Pursuant to the open records law, I would like to: _____ inspect and copy; OR
_____ obtain copies of

The following Rabun County records (*in order to reduce administrative and copying charges, provide as detailed a description as possible of the records you are requesting*):_____
_____
_____
_____
_____
_____

Please check one:

____ I would like to review the documents/receive the copies within three (3) business days of this request if the records are available; however, I understand that if the records cannot be produced within three (3) business days, a timetable for their release will be provided to me;

OR

____ I do not need the documents within three (3) 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 will be charged administrative and copying fees for the cost to search, retrieve, redact, copy and supervise access to the requested documents. This fee represents the hourly rate of the lowest paid full-time employee with necessary skill and training to respond to my request, with no charge for the first 15 minutes that it takes to respond to the request. I understand the charge for copies it will be .10¢per page for letter or legal sized copies and that the charge for copies of larger sized documents will be at a higher rate, depending on the size. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

_____   _____
Signature of Requestor   Date

Printed Name: _____

Address: _____

_____

Contact Numbers: Home Phone (   ) _____, Work Phone (   ) _____

Cell Phone   (   )_____, Fax Number (   ) _____

E-Mail:_____

06/2017