

MADISON COUNTY OPEN RECORDS REQUEST

Today's Date: _____ Date Received by Open Records Officer _____

Pursuant to the open records law, I would like to _____ inspect or _____ obtain copies of the following Madison County records: (PLEASE CHECK ONE)

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. The charge for copies is generally \$.10 per page, unless otherwise provided by law. When the costs incurred are for copies only and the amount is less than \$1.00 a fee will not be required.

I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request. I understand that I will be notified if the estimated cost is between \$25 and \$500. I understand that prepayment will be required if the estimated cost exceeds \$500.

Signature of Requestor

Printed Name of Requestor

Daytime telephone number

Mailing address

Email address

Documents received by: _____ Date: _____