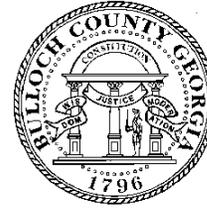


Bulloch County Commissioners
115 North Main Street
Statesboro, Georgia 30458
Phone: 912-764-6245
Fax: 912-764-8634



OPEN RECORDS REQUEST

Pursuant to the open records law, I would like to ____ inspect and copy; or ____ obtain copies of (*please check one*) of the following Bulloch 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 check one:

____ I would like to review the documents/receive the copies within three business days of this request if the records are available; however, I understand that if the records cannot 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/receive the copies by _____. (*insert desired 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, redact, copy and supervise access to the requested documents. This fee represents the hourly rate of the lowest paid full-time employee with the necessary skills 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 generally \$.10 per page for letter or legal-size copies, and that the charge for copies of larger sized documents will be at a higher rate, depending upon the size. I agree to pay all copying and/or administrative cost incurred with fulfilling my open records request.

If there are any questions about my request, I may be contacted at (____) ____-____. (*please insert daytime telephone number*) or by email at _____ (*please insert email address*)

Requestor

Date

Printed Name: _____

Address: _____

DO NOT WRITE IN THIS SPACE ----- OFFICE USE ONLY

Date requestor notified documents are ready to review and copy or are ready to pick up _____

Charges: ____ copies @ \$.10/page = \$ _____
 ____ copies @ \$____/page = \$ _____
 ____ flash drive @ \$5.00 = \$ _____
 ____ hours @ \$____/hour = \$ _____

Date documents reviewed and/or Information provided: _____

less first 15 minutes = (\$ _____)
 Postage (if info is to be mailed): = \$ _____

Date Payment Received: _____

TOTAL AMOUNT DUE: = \$ _____

Paid By: ____ cash OR ____ check (# _____)

Initials: _____