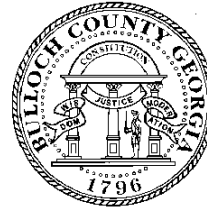


**Bulloch County Commissioners**  
**115 North Main Street**  
**Statesboro, Georgia 30458**  
**Phone: 912-764-6245**  
**Fax: 912-764-8634**



## 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: \_\_\_\_\_