



West Central Health District

REQUEST FOR RECORDS UNDER THE GEORGIA OPEN RECORDS ACT

NAME OF INDIVIDUAL OR ORGANIZATION REQUESTING RECORDS: (Please print)

Name

Address

City & State

Zip

Home phone number

Work phone number

You have made a request to inspect records under the “Open Records Act”, O.C.G.A. §50-18-70 et seq. This Department first must determine if your request is one that falls within certain exemptions and cannot be disclosed, or whether your request for records is subject to access under the Open Records Act. This Department will make determination within a reasonable time, but not to exceed three business days. If it is determined that your request for records is subject to access, then you will be notified of this decision at the phone number you have given. The Department will mail these records to you, at your request, at the address given or you can make arrangements to inspect the records at our office.

CHARGES FOR SEARCH, RETRIEVAL, COPYING & DIRECT ADMINISTRATIVE COSTS

You may inspect or take extracts or make copies from any public records while they are in the possession, custody, and control of the lawful custodian, or the deputy. If you request that the agency make copies, then the agency will charge \$0.10 per page. Additionally, there will be a charge for the search, retrieval, and other direct administrative costs for complying with your request. This charge will be the hourly rate of the lowest paid full time employee, who in the discretion of custodian, had the necessary skill and training to perform the request, provided however, you will not be charged for the first fifteen minutes.

This is to notify you that the Department’s estimate of the cost for copying, search, retrieval, and other administrative fees authorized by O.C.G.A §50-18-71 will be _____, and that this estimate is given prior to fulfilling your request.

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RECORDS REQUESTED:

Please be as specific as possible. An address is usually necessary for proper identification of records. Do not hesitate to ask for assistance.

INDIVIDUAL, BUSINESS OR ORGANIZATION FOR WHICH RECORDS ARE REQUESTED:

Address

County

City

State

Zip

Phone (if known)

TYPE(s) OF RECORDS REQUESTED:

If known, please give the date of the record(s) or nearest estimate of date.

Your Signature

Today's Date

Department Use Only

Received By:

DPH Staff Member (printed name)

Signature

County:

Date