



730 1st Avenue, West Point, GA 31833

Request for Open Records

Name: _____
Last First Middle

Address: _____
No. Street City State Zip Code

Telephone No.: _____
Daytime Phone No. Evening Phone No.

Company/Organization: _____

Do you wish to (check one): _____ inspect records _____ obtain copies of records
_____ inspect & obtain copies of records

List the specific records you are requesting to inspect/obtain:

_____ Approved
_____ Denied
Reason _____

Signature _____ Date ____/____/____

Notice: Some public records are exempted from disclosure by law. You will be notified within three (3) business days if the records sought is a public record available for inspection, and you will be notified when the record will be available for inspection/and or copying. You will be charged \$.10 for each page of our records you request to have copied, and may be charged an additional fee for certified copies or other copies for which a fee is specifically authorized or otherwise provided by law. In addition, you may also be charged a reasonable fee for search, retrieval, and other direct administrative costs, such administrative charges not to exceed the salary of the lowest paid full-time employee who, in the discretion of the custodian of the records, has the necessary skill and training to perform the request.

Date Request Received _____ Date Records Obtained _____ Initial _____