

GEORGIA OPEN RECORDS REQUEST FORM

CITY OF ALTO POLICE DEPARTMENT

This form is to be used by individuals requesting documents under the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.). It should not be used for requests to inspect routinely available records such as agendas, minutes, plats, etc. No Open Records Request is required to be in writing; however, use of this form will assist both the requestor and City Of Alto to fulfill the request as accurately as possible. I understand that pursuant to O.C.G.A. § 50-18-71, I may be charged \$ 2.00 administrative and copying fees for the cost to search, retrieve, copy, redact, certified and supervise inspection of the requested documents. The fee for copying is generally \$.10 per letter or legal size page unless otherwise provided by state law. In the case of other documents, I understand that I may be charged the actual cost to produce such documents. In addition, the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to my request will be charged after the first 15 minutes. I agree to pay all copying and administrative costs incurred in fulfilling my open records request. Under the Open Records Acts pursuant to § 50-18-72, disclosure is not required in cases pending investigation or production.

Pursuant to the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.), I would like to ____ inspect and copy; or ____ obtain copies of *(please check one)* the following City Of Alto Police Department 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 and not exempted by law; 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/inspection within three business days, but would like to review the documents/receive the copies by _____
(insert desired timetable).

() _____ - _____ *(daytime telephone number)*
_____ *(please insert email address)*

Requestor's Signature

Date

(print full name)

(print address)

Please provide your ID with this form

Initials of Employee Taking this application