



GWINNETT COUNTY OPEN RECORDS REQUEST FORM

This form is to be used to distribute to individuals requesting documents under the Georgia Open Records Act. 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 the County to fulfill the request as accurately as possible.

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 Gwinnett 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 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).

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, copy, and supervise inspection of the requested documents. The fee for copying is generally \$.25 per page unless otherwise provided by County policy. 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 fifteen minutes. I agree to pay all copying and administrative costs incurred in 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's Signature

Date

(printed name)

(address)

Please submit the completed form to dwopenrecords@gwinnettcountry.com or fax to 678-376-6838