



REQUEST FOR DISCLOSURE OF DOCUMENTS UNDER THE OPEN RECORDS ACT

Lee County Board of Commissioners

Date of Request: _____

Name of Requestor: _____

Address: _____

Email Address: _____ Phone Number: _____

Pursuant to O.C.G.A. §50-18-70 et seq., I am formally requesting to inspect certain public records.
In particular, records requested for inspection are:

Date records are requested to be made available: _____

NOTE: In accordance with the Open Records Act, the Open Records Officer has three (3) days to provide a response to the requestor.

The following record retrieval fees may be charged:

	<u>Hours</u>	<u>Fee</u>	<u>Total</u>
Actual Time of Record Preparation (varies):	0.00	\$0.00	\$0.00
Actual Time of Copying (varies):	0.00	\$0.00	\$0.00
Actual Time of Processing (varies):	0.00	\$0.00	\$0.00
Paper Copies:	0.00	\$0.10	\$0.00
CD-R or DVD-R:	0.00	\$0.20	\$0.00
Flash Drive (video and/or audio):	0.00	\$3.00	\$0.00
Postage (varies):			\$0.00
Envelope:	0.00	\$0.20	\$0.00
Total Actual Costs:			\$0.00

Please sign, date, and return the bottom portion of this letter and return to my office. The amounts listed in the table above, as provided by O.C.G.A. § 50-18-71, show the charges that may be associated with the processing of your request, including charges for materials as well as the administrative costs 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 skill and training to respond to your request. There is no charge for the first 15 minutes. Additionally, please note that if the information already exists in an electronic format, there is no charge for materials, only labor if necessary.

Please sign and date below acknowledging that you understand that any resulting administrative and copying costs are your responsibility. Upon completion of processing, you will receive a notification of charges representative of the true and accurate amount of time spent and number of pages and accepted payment methods. Please contact us should you have any questions.

Name (Print): _____

Signature: _____

Please return this form to:
Kaitlyn Good
County Clerk's Office
102 Starksville Avenue North
Leesburg, Georgia 31763
kaitlyn.good@leecountyga.gov