



Open Records Request Form
Under the Open Records Request Act
O.C.G.A. 50-18-70

Requestor Information		
Name:	Organization:	Date:
Telephone:	E-Mail Address:	
Mailing Address:		

Records Requested: Indicate record(s) description and/or name of document(s) below. Please provide as much specific detail as possible so that we can identify the information. Use additional sheets as necessary.

Records requested for: On-site Inspection Copies to pick-up Copies via U.S. Mail Other _____

According to O.C.G.A. 50-18-70, school systems shall provide a response regarding requested records within three business days at a fee not to exceed ten cents per page copied. In addition, a reasonable charge may be collected for search, retrieval, and other direct administrative costs for complying with a request under this Code section. The hourly charge shall not exceed the salary of the lowest paid full-time employee having the necessary skill and training to perform the request. However, no charge shall be made for the first quarter hour.

<p>Please return this form via e-mail, fax or U.S. Mail to: Dr. Michelle Griffith Chief Human Resource Officer Calhoun City Schools 380 Barrett Road Calhoun, GA 30701 706-629-2900 griffithm@calhounschools.org</p>	<p>I understand and agree to all applicable fees associated with this Request under and in compliance with the Georgia Open Records Act O.C.G.A. 50-18-70:</p> <p>Signature: _____ Printed Name: _____ Date: _____</p>
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OFFICE USE ONLY

Date Received:	Received by:
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Request Submitted By: U.S. Mail/ E-Mail/ Fax/ In Person

<p>Request Submitted By:</p> <p><input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax <input type="checkbox"/> E Mail <input type="checkbox"/> In-Person</p>	<p>Fees Assessed (We will only accept cash or money order):</p> <p>_____ pages at _____ per page totaling \$ _____ _____ hour(s) at _____ per page totaling \$ _____</p> <p>Additional: _____</p> <p align="right">Total Fees \$ _____</p>
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APPROVAL

Custodian of Public Records, or designee approval:	Date:
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