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 US 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.

Please return this form via e-mail, fax or U.S. Mail to: Allyson Reeves Superintendent's Administrative Assistant Appling County Schools 249 Blackshear Hwy. Baxley, GA 31513 912-367-8600 acs.openrecords@appling.k12.ga.us	**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:** Signature:_____ Printed Name:_____ Date:_____
OFFICE USE ONLY	
Date Received:	Received by:
Request Submitted by: : ☐ U.S. Mail ☐ E-mail ☐ Fax ☐ In Person	
	Fee Assessed (We will only accept cash): ___pages at_____ per page totaling $_____ ___hour(s) at_____ per page totaling $_____ Additional:_____ Total Fees $_____
APPROVAL	
Custodian of Public Records, or designee approval:	Date: