



## OPEN RECORDS REQUEST FORM

[Your Name]  
[Street Address]  
[City, ST ZIP Code]

[Date]

[Name of Custodian of Records]  
[Title]  
[Company Name]  
[Street Address]  
[City, ST ZIP Code]

Dear [custodian of records]:

Under the **Georgia Open Records Act § 50.18.70 et seq.**, I am requesting an opportunity to inspect or obtain copies of public records that **[Describe the records or information sought with enough detail for the public agency to respond. Be as specific as your knowledge of the available records will allow. But it is more important to describe the information you are seeking.]**

If there are any fees for searching or copying these records, please inform me if the cost will exceed \$\_\_\_\_\_.

The Georgia Open Records Act requires a response time within three business days. If access to the records I am requesting takes longer than three days, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for considering my request.  
Sincerely,

[Your Name] [Your Phone number]