

## OPEN RECORDS REQUESTS

In compliance with the Open Records Act (OCGA 50-18-70 thru 50-18-77), this is to advise that Nancy McMichael, County Clerk, is designated as the Open Records Officer for Harris County for all departments with the exception of those of Constitutional Officers. In this regard, all written requests made to the County are to be directed to Mrs. McMichael for processing, and the Open Records Request form shall be utilized for such requests.

Upon receipt by the County Clerk, the requestor shall be notified within three days as to whether or not the records exist, and if so, the cost to obtain same. If records do not exist or are exempt from disclosure, the requestor will be notified of same.

A charge will be imposed for the search, retrieval, redaction, and copying costs for the production of the requested records, except that no charge shall be made for the first 15 minutes in response to the request. The charge to search, retrieve, and redact shall not exceed the prorated hourly salary of the lowest paid full-time employee who has the necessary skill and training to perform the request. The charge for copying shall not exceed .10¢ per page for letter or legal size documents, or, in the case of other documents, the actual cost of producing the copy.

**COMPLETE & MAIL TO: COUNTY CLERK, HARRIS COUNTY COMMISSIONERS,  
PO BOX 365, HAMILTON, GA 31811-0365**  
**OR FAX TO: 706-628-4223**

**HARRIS COUNTY OPEN RECORDS REQUEST  
(PLEASE PRINT)**

Pursuant to the open records law, I would like to:  inspect and copy; OR  
 obtain copies of

the following Harris County records (*in order to reduce administrative and copying charges, provide as detailed a description as possible of the records you are requesting*):

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*Please check one:*

- I would like to review the documents/receive the copies within three (3) business days of this request if the records are available; however, I understand that if the records cannot be produced within three (3) business days, a timetable for their release will be provided to me;  
OR  
 I do not need the documents within three (3) business days, but would like to review the documents/receive the copies by \_\_\_\_\_.

I understand that pursuant to O.C.G.A. §50-18-71, I will be charged administrative and copying fees for the cost 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 my request, with no charge for the first 15 minutes that it takes to respond to the request. I understand the charge for copies will be .10¢ per page for letter or legal size copies, and that the charge for copies of larger sized documents will be at a higher rate, depending on the size. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

\_\_\_\_\_  
Signature of Requestor \_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Numbers: Home Phone ( ) \_\_\_\_\_, Work Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_, Fax Number ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE ---- OFFICE USE ONLY**

Date requestor notified documents are ready to review and copy or are ready to pick up _____	<b>Charges:</b> _____ copies @ \$.10/page = \$ _____ _____ copies @ \$ _____/page = \$ _____ _____ CD @ \$5.00/CD = \$ _____ _____ hours @ \$ _____/hour = \$ _____ less first 15 minutes = (\$ _____)
Date documents reviewed and/or information provided: _____	Postage (if info is to be mailed): = \$ _____
Date Payment Received: _____	<b>TOTAL AMOUNT DUE:</b> \$ _____
Paid By: _____ cash OR _____ check (# _____)	Initials: _____