

**COMPLETE & MAIL TO: COUNTY CLERK, HARRIS COUNTY COMMISSIONERS,
 PO BOX 365, HAMILTON, GA 31811-0365
 E-MAIL TO: nmcmichael@harriscountyga.gov
 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*):

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

Charges: _____ 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: _____

TOTAL AMOUNT DUE: \$ _____

Paid By: _____ cash OR _____ check (# _____)

Initials: _____