**Georgia Open Records Request**

**BASIC INFORMATION**

Name/Organization: _____

Mailing Address: _____

City: _____ State: _____Zip Code: _____

E-mail Address: _____

Phone Number: _____ Fax Number: _____

Return records to me by (choose one) _____ Email _____U.S. Mail

**RECORDS REQUESTED**

| Identify Request Record(s): |
|---|
| |

**GOVERNMENT OFFICE SECTION: To be completed by government employee**

Date Received: _____ Time Received: _____

Request Received By: _____ Mail _____ Fax _____E-mail _____ Phone _____Visit

Name/Organization of Responder: _____

Determination: _____ Record(s) Subject to Disclosure _____ Record(s) NOT Subject to Disclosure

Date Requester Advised of Availability/Non-Availability of Record(s): _____

Date Record(s) Made Available: _____

Method: _____ Records Prepared for Viewing
_____ Computer Records Copied to Disk
_____ Photocopies Made
_____ Electronic Transmission
_____ Other: Specify

Number of Documents (approximate number of pages) Made Available: _____

Number of Copies Provided: _____ Amount Charged: _____

| Additional Comments: |
|---|
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