



OPEN RECORDS REQUEST

(This form may be used to distribute to individuals requesting documents under the open records act; however, an open records request is not required to be in writing)

BALDWIN COUNTY SCHOOL DISTRICT (BCSD) OPEN RECORDS REQUEST

Pursuant to the open records law, I would like to: ___ inspect and copy; or ___ obtain copies of (please check one) the following BCSD public records:

_____ *(in order to reduce administrative and copying charges, please provide as detailed a description as possible of the records that you are requesting)*

Please check one:

___ I would like to review the documents/receive the copies within three business days of this request if the records are available; however, I understand that if the records cannot be produced within three business days, a timetable for their release will be provided to me; or

___ I do not need the documents/access within three business days, but would like to review the documents/receive the copies by _____ *(insert desired timetable)*

I understand that, pursuant to O.C.G.A. § 50-18-71, I may be charged administrative and copying fees for the cost to search, retrieve, 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 fifteen minutes that it takes to respond to the request. The charge for copies is 10¢ per page for letter or legal sized documents and the actual cost for non-standard documents or electronic media; however, higher fees for certified copies or other specialized records may be charged, if provided by law. Please notify me of any charges in excess of \$_____ prior to fulfilling the request.

I understand that I will be asked to prepay all costs associated with retrieving the records before the request will be processed if the estimated cost for producing the records exceeds, \$500, or if I have failed to pay for requested records in the past. I agree to pay all copying and/administrative costs incurred with fulfilling my open records request.

If there are any questions about my request, I may be contacted at: (___) ___ - _____ or by email at _____ *(please insert email address).*

Sincerely,

Requestor Date

_____ *(printed name)*

_____ *(address)*

FOR COUNTY USE ONLY:

Open records requests are not required to be in writing. If the requestor declines to use this records request form, a BCSD employee may fill in this form based upon the information that the requestor provided and sign below.

Date: _____ Time: _____

Name of Employee Receiving Verbal Request: _____

Signature: _____

Title: _____