



REQUEST FOR DISCLOSURE OF DOCUMENTS UNDER THE OPEN RECORDS ACT

Lee County Board of Commissioners

Date: ____/____/____ Phone #: (____) _____ - _____ or (____) _____ - _____

Name of Requestor: _____

Address: _____

Pursuant to O.C.G.A. §50-18-70 et seq., I am formally requesting to inspect certain public records. In particular, records requested for inspection are:

The date the requested records are to be made available: (Generally takes approximately 3 days to gather requested info) _____

***** Office Use Only *****

The following record retrieval fees may be charged. Total cost will vary based on the amount of information requested.

Actual time of record preparation (varies by amount)	Hrs X \$	= \$
Actual time of copying (varies by amount)	Hrs X \$	= \$
Paper copies (8 ½ x 11)	pages @ \$0.10	= \$
Paper copies (11 x 14)	pages @ \$0.10	= \$
Postage (varies by weight)		= \$
Envelope (varies by size)		= \$
Other costs		= \$
Total Actual Cost:		= \$

Please sign and date the bottom portion of this letter and return to the County Clerk’s office. If you choose to scan and email this form to the County Clerk’s office, please email it to sherry.shelton@lee.ga.us. As provided by O.C.G.A. § 50-18-71, the estimated cost to search, retrieve, redact, copy and supervise access to the requested documents is \$ _____. This fee includes charges of \$ _____ per hour to cover the administrative costs of assisting you with your request as authorized by O.C.G.A. § 50-18-71. This fee represents the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to your request. There is no charge for the first fifteen minutes. At this time, it is estimated that there are approximately ____ pages of documents/ ____ CD-R (audio) responsive to your request that are subject to release under the open records law.

Please sign and date below acknowledging that you understand that the administrative and copying costs are your responsibility. Please call (229) 759-6000 if you should have any questions.

Name (Print): _____

Signature: _____

Please return this form to:
County Clerk’s Office
102 Starksville Ave. N
Leesburg, Georgia 31763