



REQUEST FOR DISCLOSURE OF DOCUMENTS UNDER THE OPEN RECORDS ACT

Lee County Board of Commissioners

Date: _____ Phone: _____ FAX: _____

Name of Requestor: _____

Address: _____

Email 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:

Date records are requested to be made available: _____

NOTE: In accordance with the Open Records Act, the Open Records Officer has three (3) days to provide a response to the requestor.

 The following record retrieval fees may be charged:

	<u>Hours</u>	<u>Fee</u>	<u>Total</u>
Actual time of record preparation (varies):	0.00	\$0.00	\$0.00
Actual time of copying (varies):	0.00	\$0.00	\$0.00
Actual time of processing (varies):	0.00	\$0.00	\$0.00
Paper copies (8 1/2 x 11):	0.00	\$0.10	\$0.00
Paper copies (11 x 14):	0.00	\$0.10	\$0.00
CD-R (audio):	0.00	\$0.20	\$0.00
Postage (varies):			\$0.00
Envelope (varies):	0.00	\$0.20	\$0.00
Other costs:			\$0.00
Total actual costs:			\$0.00

Please sign, date, and return the bottom portion of this letter and return to my office. 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 15 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. Checks or money order to be made payable to the Lee County Board of Commissioners. If paying cash, please have exact change. Upon receipt of funds, the information you requested will be forwarded to you at the address you provided above. You may also choose to pick up the information in person at the address provided below.

Name (Print): _____

Signature: _____

Please return this form to:
 Kaitlyn Sawyer
 County Clerk's Office
 102 Starksville Avenue North
 Leesburg, Georgia 31763
kaitlyn.sawyer@lee.ga.us