



REQUEST FOR DISCLOSURE OF DOCUMENTS UNDER THE OPEN RECORDS ACT

Miller County Government

*Open records request for Constitutional Offices -such as Sheriff, Clerk of Court, Tax
Commissioner and Magistrate/Probate need to be requested directly from that office.*

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 gather requested info.

Under Georgia law, an agency may impose a reasonable charge for the search, redaction, and production or copying cost of records responsive to an Open Records Request. The time and cost will be calculated by using the hourly salary of the lowest paid employee qualified to conduct the research of an Open Records Request, with no charge for the first fifteen minutes of employee time expended.

In addition to charges for the search, redaction, and production of responsive records, the office will impose a fee for the

copying of records or data at \$.10 cents per page or, in the case of other documents, the actual cost of producing the copy. For electronic records, the office will charge the actual cost of the media on which the records or data are produced. O.C.G.A. § 50-18-71 (c).

If the estimated cost for production of the records exceeds \$500.00, the office will insist on per-payment before the Open

Records Officer begins search, retrieval, review, or production of the records. The office may require pre-payment for a new request if the requester has not paid for a prior Open Records Request. O.C.G.A. § 50-18-71 (d).

Please sign and date below acknowledging that you understand that the administrative and copying costs are your responsibility. Please call (229) 758-4104 if you should have any questions. Checks or money order to be made payable to the Miller County Board of Commissioners. Upon receipt of funds, the information you requested will be forwarded to you at the address you provide.

Name: _____

Signature: _____

**Please return this form to:
Miller County Government
304 W.Pine Street Colquitt, Georgia 39837**