



DADE COUNTY BOARD OF COMMISSIONERS OPEN RECORDS REQUEST

All parties requesting public documents or open inspection of County records are encouraged to visit www.dadecounty-ga.gov to determine availability of public documents without charge. Pursuant to open records law (O.C.G.A. § 50-18-70, *et seq.*), I would like to inspect and copy; or obtain copies of the following Dade County, Georgia records:

Please type your request inside this box ~

I understand that if the records cannot be produced within three business days of this request, I will be notified of a timetable for their inspection and copying. The requested records shall be produced as quickly as practicable.

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 document. 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 15 minutes of the time it takes to respond to the request. The charge for each page is \$.10 unless otherwise provided by law. If estimated cost to produce responsive records exceeds \$25.00, then I shall be notified within three (3) business days of this cost estimate, and Dade County, Georgia may defer its search until I confirm my willingness to pay the estimated cost. Furthermore, I understand that if estimates exceed \$500.00, then Dade County may demand advance payment prior to beginning the search, retrieval, redaction, review or production. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request. Reproduction of oversized documents will cost me the same expense it cost Dade County to produce the requested record. Actual cost of digital media for reproduction of electronic records shall be paid by me (the party making the request).

If there are any questions, I may be contacted at this telephone number:

_____, or by alternate telephone number: _____

My email address: _____

Requesting party's name: _____

Address: _____
(Mailing) (City, State, Zip)

Signature

Date

