

Open Records Act Request Form



Complete your request online by scanning the
QR Code or visit CherokeeGA.com

OR, YOU CAN FILL OUT THE FORM BELOW:

REQUESTOR NAME: _____

EMAIL: _____

TELEPHONE: _____ FAX: _____

MAILING ADDRESS: _____

PREFERRED METHOD FOR RECEIVING RESPONSIVE RECORDS:

☐ Prepared Records for Inspection Only

☐ Email ☐ Fax

☐ USB Mailed ☐ USB Pick Up ☐ Paper Copy Mailed ☐ Paper Copy Pick Up

PLEASE IDENTIFY REQUESTED RECORD(S):

By submitting this request, pursuant to Georgia law, O.C.G.A. 50-18-71, I agree to pay copying and/or administrative charges incurred with fulfilling my Open Records Request up to \$25. These charges may include the hourly wage of the lowest paid full-time employee able to perform the search (after the first 15 minutes), retrieval, and production of the requested documents and 10 cents per page for photocopies. For requests over \$25, I understand that I will be provided a pre-retrieval estimate for approval before the production of the documents begins.

REQUESTOR'S SIGNATURE

DATE