

Jackson County Sheriff's Office  
Open Record Request

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Documents Requested: \_\_\_\_\_ # of copies: \_\_\_\_\_

CD Request: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date Needed: \_\_\_\_\_

Reason for Request:  
\_\_\_\_\_  
\_\_\_\_\_

Records Requested: (BE SPECIFIC) address, date, time, nature of incident, phone numbers, name of individuals and any other information related to the incident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: I understand that, pursuant to O.C.G.A.50-18-70, I may be charged administrative and copying fees for the cost to search, retrieve, copy, and supervise access to the requested documents. 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 fifteen (15) minutes that it takes to respond to the request. The charge for copies is generally \$0.10 per page unless otherwise provided by law. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Representative

\_\_\_\_\_  
Date

**JACKSON COUNTY SHERIFF'S OFFICE**

**555 STAN EVANS DRIVE**

**JEFFERSON, GA 30549**

**OPEN RECORDS COST WORKSHEET**

The following are the actual costs incurred in complying with the request to copy Jackson County Sheriff's Office records under O.C.G.A 50-18-70. (There is no charge for the first quarter hour of time expended in record preparation.) The open records act allows an agency to waive all fees should they choose. It also authorizes an agency to charge anywhere between \$.00 per page and \$.10 per page. There is no charge for simple inspection of records that are routinely subject to public inspection.

<b>Number of hours of Search, Review, and Retrieval</b>		
(<15 minutes - No Charge)		
_____ Total Hours of Preparation	Hourly Rate of Preparer =	\$
_____ # of Hours of Copying	Hourly Rate of Preparer =	\$
_____ Number of Pages	Cost per Page =	\$
	SUB TOTAL	\$

<b>The following additional costs may be applicable:</b>		
_____ # of Copies of Audio Disc	Cost per Copy =	\$
_____ # of Copies of Video Disc	Cost per Copy =	\$
_____ # of Copies of Photographs	Cost per Copy =	\$
_____ # of CD's with Digital Photos	Cost per Copy =	\$
Other Agency Cost		\$
Postage	\$	\$
	GRAND TOTAL	\$

CASE NUMBER / DESCRIPTION OF RECORDS

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**PLEASE REMIT CHECK TO THE ABOVE ADDRESS**

PREPARER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AMOUNT RECEIVED: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_ RECEIPT # \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ Date: \_\_\_\_\_