



**PUTNAM COUNTY SHERIFF'S OFFICE
OPEN RECORDS REQUEST LOG SHEET**

Requester Name _____ Date of Request _____
Requester Mailing Address _____
City _____ State _____ ZIP Code _____
Requester E-mail Address _____
Requester Phone Number _____

Pursuant to the Georgia Open Records Act (O.C.G.A. § 50-18-70, et seq.), I am formally requesting:

- To Inspect/Review
 To Obtain Copies (requested method of delivery: Email, when available Mail Personal Retrieval)

DESCRIPTION OF PUBLIC RECORDS REQUESTED

(must be specific enough for a determination to be made as to whether the requested records are subject to release)

Case # _____

I agree to pay any copying and/or administrative costs incurred in fulfilling my requests to the extent permitted by Georgia Law. Such cost may include copying charges of 10¢ per page and administrative charges for search, retrieval, redaction, and other direct costs. Such administrative charges should not exceed the salary of the lowest-paid full-time employee, who in the discretion of the custodian of the records, has the necessary skill and training to fulfill the request. (There is no charge for the first 15 minutes of time.)

Requester Signature _____

RETURN THIS FORM TO: Putnam County Sheriff's Office
Attn: Records
P.O. Box 3637
Eatonton, GA 31024
Fax: 706-485-4840
records@putnamcountysheriff.org

AGENCY USE ONLY

Date Request Received _____ Received by _____

Date Request Completed _____

Records Released by _____ Title _____