

GEORGIA OPEN RECORDS ACT - REQUEST FORM

Requester's Name:

Telephone #:

E-mail Address:

FAX #:

Mailing Address:

Identify Requested Record(s):

To be completed by the Twiggs County Sheriff's Office

Date Received:

Time Received:

Request Received By: Mail Fax E-mail Phone Visit

Name of Responding TCSO Official:

Determination: Record(s) Subject to Disclosure Record(s) NOT Subject to Disclosure

Date Requester Advised of Availability/

Non-availability of Record(s): **Date Record(s) Made Available:**

- Method:**
- Records Prepared for Viewing
 - Computer Records Copied to Disk
 - Photocopies Made
 - Electronic Transmission
 - Other; specify

Number of Documents (approximate number of pages) Made Available:

Number of Copies Provided:

Amount Charged:

Additional Comments: