



Open Records Request

Pursuant to the Open Records statute, I would like to ____ inspect and copy; or ____ obtain copies of (please check one), the following BSITFC records:

(In order to reduce administrative and copying charges, please provide as detailed a description as possible of the records that you are requesting)

Please check one:

____ I would like to review the documents/receive the copies within three (3) business days of this request if the records are available; however, I understand that if the records cannot be produced within three business days, a timetable for their release will be provided to me; or
____ I do not need the documents/access within three (3) business days, but would like to review the documents/receive copies by _____ (insert desired timetable).

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 documents. This fee represents the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to the request. The charge of copies is generally \$.25 per page unless otherwise provided by law. I agree to pay all copying and administrative costs incurred with fulfilling my Open Records request. Payment must be made to the BSITFC by check or money order.

If there are any questions about my request, I may be contacted at: (____) ____ - _____. (please insert daytime telephone number).

Sincerely,

(signature)

(date)

(print name)

(mailing address)

(city, state, zip code)

For Office Use Only

Completion Date: _____

of Pages: _____

Date Paid: _____

Check number: _____

Received by: _____

