Decatur-Grady E-911
Open Records Request Form

309 Airport Road
Bainbridge, GA 39818

Fax: 229-515-3257
Email: 911director@decaturgradye911.com

The Georgia Open Records Act (O.C.G.A. § 50-18-70) establishes the right to inspect and/or receive public records, excluding those that are specifically exempted by court order or law. To inspect and/or receive records, please complete the Open Records Request Form and return to Decatur-Grady E-911 in person, email, or fax.

The Decatur-Grady E-911 Records Custodian will notify you within 3 business days after receiving your request if there are records available based on your request and if the records requested are subject to release (O.C.G.A. § 50-18-71). Some records are not readily accessible. In those instances, a timeline will be provided as to when the records will be available.

Responses shall include the cost to search, retrieve, copy, redact, and/or supervise inspection of the requested documents. The cost represents the hourly rate of the lowest paid full-time employee who has the necessary skill and training to respond to your request. There is no charge for the first 15 minutes. The fee for letter or legal size copies is $0.10 per page. Other types of documents or electronic media are charged based upon the county's expense to reproduce the record. Where fees for certain records are otherwise prescribed by law, such specific fee shall apply. Payment is required before receipt of the records.

Name of person making request: _____ Phone Number: _____

Address: _____City_____State_____Zip_____

Requesting: ☐ 911 CD ☐ CAD Report   Reason for request:_____
          (Check one or both)

Date of Incident:_____ Time of Incident: _____911 Incident #:_____

Incident Location (Specific address or General Area):_____

Description of Incident: _____

_____

_____

_____

The undersigned is hereby responsible for all charges which includes $16.00/per hour, $.10 per page or CD at $.40 each. The estimated cost is to be paid by cash or check at the time of the request.

Signature of Requestor: _____   Date: _____

FOR 911 USE ONLY

Person completing request: _____   Date: _____

Released to: _____   Date: _____

☐ Audio of Call - $17.00 + $.40= $17.40   ☐ CAD Report x $.10 per page: # of pages _____ x $0.10 = _____

Total Due <u>before</u> records are released: $_____