



OPEN RECORDS REQUEST FORM

Pickens Sheriff's Office

2985 Camp Rd. Jasper GA 30143

Office 706-253-8900 Fax 706-253-8913

pickensgasheriff.com

Requestor Name: _____ Date: _____

Address: _____ Phone: _____

Record(s) Requested with names and/or address(es) involved: _____

Case Number: _____ Incident ☐ Accident ☐ Date occurred: _____

I understand that pursuant to O.C.G.A. § 50-18-71, I may be charged administrative, supply and copying fees for the cost to search, retrieve, copy and supervise access to the requested documents. This administrative fee represents the hourly rate of the lowest paid full time employee with the necessary training to respond to my request, with no charge for the first fifteen minutes that it takes to respond to the request. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

If the records are available, please allow three business days for your request to be processed. If the request cannot be processed within three business days a timetable for their release will be provided.

SIGNATURE: _____

Administrative Use Only

Completion Date: _____ Completion Time: _____

Approved ☐ Denied ☐ Reason if denied: _____

Record(s) Released: _____