



GILMER COUNTY SHERIFF'S OFFICE

Sheriff Stacy L. Nicholson

"A Professional Law Enforcement Agency"



Open Records Request Form

Pursuant to the Georgia Open Records Law (O.C.G.A. 50-18-70 et seq.) (the "Law"), I would like to review or obtain copies of Gilmer County Records.

Please Check One:

I would like to **review** copies records

I would like to **obtain** copies of the records

I would like to request the following type of record(s)

** Retrieval of records - \$ 14.80 per hour (First 15 minutes are free) **

Retrieval rates apply on all records

Paper Copies

- Accident Report - \$ 5.00
- Incident Report - \$ 2.00
- Book-In Report - \$ 2.00
- CAD Report - \$.10 per page
- Misc. paper copies - \$.10 per page

Electronic Media

- Audio CD - Radio Traffic
- Audio CD - Phone Calls
- Audio CD - Both Radio/Phone
- DVD - Video (if available)
\$.35 per disk/sleeve

I understand that pursuant to the O.C.G.A. 50-18-71, I may be charged an administrative fee for the costs associated with the search, retrieval, review, copying, reproduction and mailing of public records. This fee may 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 perform the request. No charge may be made for the first fifteen (15) minutes of administrative time.

Please provide a detailed description of the incident that you are requesting:

Date(s) & Time(s) of incident: _____

Address / Location of incident: _____

Caller(s) Name: _____

Type of incident: _____

Other details: _____

I acknowledge that the Gilmer County Sheriff's Office has **three business days** to **acknowledge** receipt of the request and provide a cost estimate for the request.

Requestor Information:

Date Submitted: _____

Name: _____

Contact Number: _____

If requesting to obtain copies of records, please check how you would like to receive them:

Via mail, provide below

Via email, provide below *if applicable

Email: _____

Mailing Address: _____

State: _____ ZIP Code: _____

Completed By: _____ Date Completed: _____

Time spent on retrieval of records: _____ hours _____ minutes

Total Cost of Records: \$ _____

Please submit form to: Gilmer County 911 / Addressing - 1 Broad Street Ellijay, Georgia 30540
or fax to 706-635-6911

