



# 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 - \$ 17.00 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 \_\_\_\_\_

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:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

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

- In Person**
- Via Mail**
- Via Email (\*\* if applicapable \*\*)**

Submit form to Gilmer County 911/Addressing - 1 Broad Street Suite 10, Ellijay, Georgia 30540 or fax submissions to 706-635-6911

**Completed By:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Time spent on retrieval of records:** \_\_\_\_\_ **hours** \_\_\_\_\_ **minutes**

**Total Cost of Records:** \$ \_\_\_\_\_                       **Invoice or itemized list attached**