

**COMPLETE & MAIL TO: COUNTY CLERK, STEWART COUNTY  
 COMMISSIONERS, PO BOX 157, LUMPKIN, GA 31815**  
**E-MAIL TO: cstewart@stewartcountyga.gov**  
**OR FAX TO: 229-838-9856**

**STEWART COUNTY OPEN RECORDS REQUEST**

(PLEASE PRINT)

Pursuant to the open records law, I would like to: \_\_\_\_\_ inspect and copy; OR  
 \_\_\_\_\_ obtain copies of

the following Stewart County records (*in order to reduce administrative and copying charges, provide as detailed a description as possible of the records 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 (3) business days, a timetable for their release will be provided to me;  
 OR  
 \_\_\_\_\_ I do not need the documents within three (3) business days, but would like to review the documents/receive the copies by \_\_\_\_\_.

I understand that pursuant to O.C.G.A. §50-18-71, I will be charged administrative and copying fees for the cost to search, retrieve, redact, 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 my request, with no charge for the first 15 minutes that it takes to respond to the request. I understand the charge for copies will be .10¢ per page for letter or legal size copies, and that the charge for copies of larger sized documents will be at a higher rate, depending on the size. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

\_\_\_\_\_  
 Signature of Requestor \_\_\_\_\_  
 Date

Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Contact Numbers: Home Phone ( ) \_\_\_\_\_, Work Phone ( ) \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_, Fax Number ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE ---- OFFICE USE ONLY**

Date requestor notified documents are ready to review and copy or are ready to pick up	<b>Charges:</b> _____ copies @ \$.10/page = \$ _____
_____	_____ copies @ \$ _____/page = \$ _____
Date documents reviewed and/or information provided: _____	_____ CD @ \$5.00/CD = \$ _____
	_____ hours @ \$ _____/hour = \$ _____
	less first 15 minutes = (\$ _____)
Date Payment Received: _____	Postage (if info is to be mailed): = \$ _____
	<b>TOTAL AMOUNT DUE:</b> \$ _____
Paid By: _____ cash OR _____ check (# _____)	Initials: _____