REQUEST FOR PUBLIC RECORDS

Today’s Date: ______________________

Name of Requestor: ________________________________________________________________

Address of Requestor: ______________________________________________________________

City, State, Zip: ____________________________________________________________________

Daytime Phone #:__________________________ Cell Phone/Other #: _______________________

Pursuant to O.C.G.A. 50-18-70 et seq., I am formally requesting to inspect certain public records. In particular, records requested for inspection are;

(Note: please be as specific as possible; such as info or ID data on parties involved, date of incident, location of where the incident occurred, was an arrest made, etc.)

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Date records are requested to be made available: ________________________________________

I agree to pay any copying and/or administrative costs incurred in fulfilling my requests to the extent permitted by Georgia Law. Such costs may include copying charges of $0.10 per page and administrative charges for search, retrieval, and other direct administrative costs, such administrative charges not exceed the salary of the lowest paid full time employee who, in the discretion of the custodian of records, has the necessary skill and training to perform the request. (The requestor is not charged for the first fifteen minutes of time.)

Name (Print):_____________________________________________

Signature: _______________________________________________

Please return this form to:
Tift County Sheriff’s Office
Public Information Officer
David Haire
P.O. Box 46
Tifton, Ga. 31793
david.haire@tiftcounty.org
Fax: 229-388-6200

Internal use only.
Request received by: