

**TIFT COUNTY  
PUBLIC RECORDS REQUEST FORM**

This request for information is made in accordance with OCGA Section 50-18-70 et seq. Please submit this form to the County Clerk at miriam.jordan@tiftcounty.org.

Nature of Request:

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Name, Address and Phone Number of Party Requesting Information:

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Last	First	Middle Initial
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Street Address

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City	County	State	Zip
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Telephone Number

Email Address

In executing this request to inspect/copy public records, I acknowledge that within three (3) business days that Tift County will (a) determine whether the records requested are subject to access under the law and (b) permit inspection and copying if feasible. Where requested records exist but are not available within three (3) business days, I will be provided information as to what records exist and a time when they can be made available.

I further acknowledge that a reasonable charge will be assessed for the inspection of requested records and provision of photocopies should I request them. These charges are based on the cost of copies (10 cents per page) as well as time spent in complying with my request if time required of County personnel exceeds a quarter of an hour. I will be provided an estimate of these charges prior to fulfilling my request; and payment of all charges is expected before inspection of records or delivery of copies.

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Signature

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Date

**FOR COUNTY USE ONLY**

Request Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved for Release by County Attorney on (date): \_\_\_\_\_

Approved for Release by County Manager on (date): \_\_\_\_\_

Estimate of Charges: \$ \_\_\_\_\_ Date Estimate Provided to Requestor: \_\_\_\_\_

Information Provided by: \_\_\_\_\_ Date: \_\_\_\_\_