



# LOWNDES COUNTY SHERIFF'S OFFICE OPEN RECORDS REQUEST FORM

120 Prison Farm Rd., Valdosta, Georgia 31601-0667 (229) 671-2900

Ashley Paulk / Sheriff

Pursuant to the Open Records law, I would like to:  inspect and copy; or  obtain copies of (please check one) the following Lowndes County records: (In order to reduce administrative and copying charges, please provide as detailed a description as possible of the records that you are requesting. If searching by name, please include date of birth, SSN and any other identifying information. Please include case number and address if you have it.) Request forms can be emailed to [sorecords@lowndescounty.com](mailto:sorecords@lowndescounty.com), faxed to (229)333-5141 or mailed to 120 Prison Farm Road, Valdosta, GA 31601, once completed.

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Please check one:

I would like to review the documents/receive the copies within three business days of this request if the records are available; however, I understand that if the records cannot be produced within three business days, a timetable for their release will be provided to me; or

I do not need the documents/access within three business days, but would like to review the documents/receive the copies by \_\_\_\_\_ (insert desired timetable). **ONLY USE IF BEYOND THREE BUSINESS DAYS.**

I understand that pursuant to O.C.G.A. §50-18-71, I may be charged administrative and copying fees for the cost to search, retrieve, copy and supervise access to the requested documents. This fee represents the hourly rate of the lowest paid employee with the necessary skills and training to respond to the request, with no charge for the first fifteen minutes that it takes to respond to the request. The charge for copies is 10¢ per page for letter or legal sized documents and the actual cost for non-standard documents or electronic media; however, higher fees for certified copies or other specialized records may be charged provided by law. I understand that I will be asked to prepay all costs associated with retrieving the records before the request will be processed if the estimated cost for producing the records exceeds \$500.00 or if I have failed to pay for requested records in the past. I agree to pay all copying and/or administrative costs incurred with fulfilling my open record request. If there are any questions about my request, I may be contacted at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (please insert daytime telephone number) or by email at \_\_\_\_\_ (please insert email address).

Sincerely,

\_\_\_\_\_  
Requestor (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(address)

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