



**Fulton County Sheriff's Office**

Justice Center Tower  
185 Central Avenue, S.W., 9th Floor  
Atlanta, Georgia 30303  
Tel: 404-612-5100  
Fax: 404-224-8821

Website: <http://www.fultoncountyga.gov/> (click on the Open Records Link)

**OPEN RECORDS REQUEST FORM**

Date Submitted: \_\_\_\_\_ Name of Requestor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Describe in detail (be specific) the public records you are requesting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate Preferred Method of Delivery:

- U.S. Mail Records
- Fax Copies (10 pages or less)
- Email Copies (based on allowable size limit)
- Call for Pick-up or In-Person Review

**The Requestor:** Pursuant to [O.C.G.A. § 50-18-71](#), I understand that records provided are based on the available format. I agree to pay any copying and/or administrative costs incurred in fulfilling my request to the extent permitted by Georgia law (Tax ID # 58-6001729). Such costs may include copying charges of .10¢ per page, administrative charges for search, retrieval, redaction, and other direct administrative costs; [O.C.G.A. § 50-18-71\(c\)](#). There is no charge for the first fifteen (15) minutes, and the hourly charge shall not exceed the salary of the lowest paid employee who has the necessary skills and training to carry out the request. I also have the right to receive an estimate of the cost prior to purchasing any information.

Specifically, any documents that contain personal information such as social security numbers, insurance and medical information ([O.C.G.A. § 50-18-72\(a\) \(2\)](#)), are **not** subject to disclosure. The Law requires a response within three (3) business days upon receipt of a request. While it is the policy of the Sheriff's Office to comply with the Open Records Act to provide requested and available documents within three (3) business days of the request, it may be impossible due to volume and other factors. Explanation of such delays will be provided in writing.

**Sheriff's Office Use Only**

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processing Fees:

Hour (s) \_\_\_\_\_ x Hourly Rate: \_\_\_\_\_

Total number of pages: \_\_\_\_\_

Other fees (explain): \_\_\_\_\_

Total Amount Charged: \_\_\_\_\_

Employee (Name/DID) processing request: \_\_\_\_\_