COLUMBIA COUNTY SHERIFF'S OFFICE REQUEST FOR PUBLIC RECORDS INFORMATION

(As Provided for in O.C.G.A § 50-18-70)

(1)	Individual requesting information: a) Name	
	b) Address	
	c) Phone	
	d) Email	
(2)	Name of department from which information is requested:	
	Name	
(3)	Detailed description of public records or access to records requested:	
(4)	Please Check One:	
(5)		
Reque	esting Applicant's Signature	Date
Tol	be Completed by Records Clerk:	
		Cash Receipt Number
(1)	Number of pagesat .10 <u>¢ a</u> page	\$
(2)	Number of hours of employee time required to research records	
	hours atper hour (no charge for first 15 minut	tes)\$
(3)	Number of CDsat .25¢each	\$
(4)	Other cost	\$
(5)	TOTAL COST	\$
Emplo	oyee Receiving Request/Computing Cost	Date
Approv	oving Supervisor	Date
Receiving Applicant's Signature		Date
	Redactions are pursuant to O.C.G.A. § 50-18-72(a)(20) [Personal information]	