

# FANNIN COUNTY SHERIFF'S OFFICE

## SHERIFF DANE KIRBY

### OPEN RECORDS REQUEST FORM

PURSUANT TO THE GEORGIA OPEN RECORDS LAW (O.C.G.A. 50-18-70 ET SEQ.)

I WOULD LIKE TO REQUEST THE FOLLOWING TYPE OF RECORD(S)

**\*\* RETRIEVAL OF RECORDS - \$ 20.00 PER HOUR (FIRST 15 MINUTES ARE FREE) \*\***

RETRIEVAL RATES APPLY ON ALL RECORDS.

- ACCIDENT REPORT
- INCIDENT REPORT
- BOOK-IN REPORT
- VIDEO DVD
- PHOTOS DVD

I UNDERSTAND THAT PURSUANT TO THE O.C.G.A. 50-18-71, I MAY BE CHARGED AN ADMINISTRATIVE FEE FOR THE COSTS ASSOCIATED WITH THE SEARCH, RETRIEVAL, REVIEW, COPYING, REPRODUCTION AND MAILING OF PUBLIC RECORDS. THIS FEE MAY NOT EXCEED THE SALARY OF THE LOWEST PAID, FULL-TIME EMPLOYEE WHO, IN THE DISCRETION OF THE CUSTODIAN OF THE RECORDS, HAS THE NECESSARY SKILL AND TRAINING TO PERFORM THE REQUEST. NO CHARGE MAY BE MADE FOR THE FIRST FIFTEEN (15) MINUTES OF ADMINISTRATIVE TIME.

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE INCIDENT THAT YOU ARE REQUESTING:

DATE(S) & TIME(S) OF INCIDENT: \_\_\_\_\_

ADDRESS / LOCATION OF INCIDENT: \_\_\_\_\_

CALLER(S) NAME: \_\_\_\_\_

TYPE OF INCIDENT: \_\_\_\_\_

OTHER DETAILS: \_\_\_\_\_

**I ACKNOWLEDGE THAT THE FANNIN COUNTY SHERIFF'S OFFICE HAS THREE BUSINESS DAYS TO ACKNOWLEDGE RECEIPT OF THE REQUEST AND PROVIDE A COST ESTIMATE FOR THE REQUEST.**

REQUESTOR INFORMATION:

DATE SUBMITTED: \_\_\_\_\_

NAME: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

IF REQUESTING TO OBTAIN COPIES OF RECORDS, PLEASE CHECK HOW YOU WOULD LIKE TO RECEIVE THEM:

- IN PERSON       VIA MAIL       VIA EMAIL \*\* IF APPLICABLE \*\*

SUBMIT FORM TO: FANNIN COUNTY SHERIFF'S OFFICE

645 W. FIRST ST BLUE RIDGE, GA 30513

EMAIL: OPENRECORDS@FANNINSHERIFFGA.US

FAX: 706-258-5237

COMPLETED BY: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

TIME SPENT ON RETRIEVAL OF RECORDS: \_\_\_\_\_ HOURS \_\_\_\_\_ MINUTES

TOTAL COST OF RECORDS: \$ \_\_\_\_\_

INVOICE OR ITEMIZED LIST ATTACHED

REVISED 04 / 01 / 2022