



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 Email Copies (based on allowable size limit)
 Fax Copies (10 pages or less) 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: _____