

GEORGIA OPEN RECORDS ACT - REQUEST FORM

Requester's Name: **Telephone #:**

E-mail Address: **FAX #:**

Mailing Address:

Identify Requested Record(s):

To be completed by the DHS organizational unit

Date Received: **Time Received:**

Request Received By: Mail Fax E-mail Phone Visit

Name of Responding DHS Official:

DHS Organizational Unit:

Determination: Record(s) Subject to Disclosure Record(s) NOT Subject to Disclosure

Date Requester Advised of Availability/

Non-availability of Record(s): **Date Record(s) Made Available:**

- Method:**
- Records Prepared for Viewing
 - Computer Records Copied to Disk
 - Photocopies Made
 - Electronic Transmission
 - Other; specify

Number of Documents (approximate number of pages) Made Available:

Number of Copies Provided: **Amount Charged:**

Additional Comments: