



## OPEN RECORDS REQUEST

Please submit this request in person, by mail, email or fax. PLEASE NOTE: The City of Hoschton has up to three (3) business days to comply with your request (O.C.G.A. 50- 18-71(b)(1)(A)). If the nature of the request exceeds the three (3) days to complete, an estimated time of when the records will become ready will be issued.

***Please print clearly:***

REQUESTED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Pursuant to O.C.G.A. §50-18-70 et seq., I am formally requesting to inspect certain public records. In particular, records requested for inspection are:

---

---

---

---

---

---

I agree to pay any copying and/or administrative costs that are incurred in fulfilling my request to the extent permitted by Georgia Law. Such costs may include copying charges of \$.10 per page for letter or legal size documents, the actual costs of producing odd-size printed documents, actual media costs on which electronic records or data is produced, administrative charges for the search/retrieval, and other direct administrative costs §50-18-71 (c)(2).

Such administrative charges are not to exceed the salary of the lowest paid, full-time employee who, in the discretion of the custodian of the records, has the necessary skills and training to fulfill the request; provided, however, that no charge shall be made for the first quarter hour §50-18-71 (c)(1).

Pursuant to O.C.G.A 50-18-90 Georgia Records Act: Issued by the Office of Secretary of State, Hoschton Municipal Court does not keep records of disposed citations once all court requirements have been met and the citation reaches the required retention period. If the record has been destroyed, you may need to provide your driving/criminal history showing the case was in Hoschton Municipal Court; we are able to issue a letter stating the disposition is not available.

Charges can occur for records—even if not picked up §50-18-71 (c)(3).

I agree to the following information and have provided it to be true and correct:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**For Staff Only**

\_\_\_\_\_ Hours (Minus 1/4 hour)      \_\_\_\_\_ Rate      \_\_\_\_\_ Other      \_\_\_\_\_ Total