

ROCKDALE COUNTY SHERIFF'S OFFICE
REQUEST TO INSPECT PUBLIC RECORDS
GEORGIA OPEN RECORDS ACT O.C.G.A. § 50-18-72



PLEASE PRINT CLEARLY TO ASSURE CORRECT DATA IS COLLECTED

RETURN COMPLETED FORM IN PERSON, BY MAIL, BY EMAIL OR BY FAX:

| | |
|---|---|
| Rockdale County Sheriff's Office Attn: Records Unit 911 Chambers Drive, Conyers, GA 30012 | Fax: 770-785-2494 Email: rcsorecords@rockdalecounty.org Telephone: 770-278-8000 |
|---|---|

REQUESTING PARTY'S INFORMATION

Name:

Telephone Number(s):

Complete Address
(Street, City, State, Zip Code):

Email Address:

RECORDS REQUESTED - BE SPECIFIC

Document(s) Requested For - Person's Name:

Date of Birth (If Known):

Social Security Number
(If Known):

Records Requested (BE SPECIFIC):

Preferred Method/Manner in which Requested Records are Received (Check One):

Email Records Paper Copies Requested Personal Inspection of Records

Reason for Request (Optional):

The undersigned is hereby responsible for the cost of the number of copies made at a rate of 10¢ per page, except for copies of Georgia Uniform Motor Vehicle Accident Reports at a rate of \$5 each, and agrees to pay the fees incurred. A charge may also be made commensurate with the hourly wage of the lowest paid employee authorized to search for, organize and redact those records if the search for requested documents exceeds 15 minutes.

The Rockdale County Sheriff's Office will comply with the Georgia Open Records Act for production and inspection of records.

Signature:

Date:

NOTE: ORIGINAL RECORDS ARE NOT TO BE REMOVED FROM THE OFFICE.

RCSO USE ONLY

| | | | |
|--|-----------|-------------------|---------------|
| Approved by: | | Date: | |
| Date records made available: | | | |
| Number of copies: | | @ 10¢ per page. | Copy cost: \$ |
| Number of copies of GA Uniform Motor Vehicle Accident Reports: | | @ \$5 per report. | |
| RCSO employee time: | @ \$ | per hour. | |
| RCSO employee time cost: | \$ | | |
| TOTAL DUE: | \$ | | |