

**WALKER COUNTY SHERIFF'S OFFICE  
REQUEST FOR PUBLIC RECORDS**

**S-301**

**Open Records Request Form**

Date of Request: \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_

**Incident Information:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m. \_\_\_\_\_  p.m.

Specific Address of Incident: \_\_\_\_\_

Case Number: \_\_\_\_\_ Copy of Report Photographs  Video

Call Number: \_\_\_\_\_ 9-1-1 (CAD) Printout Requested:   
Voice Recording (Tape) Requested:

Other  Please specify: \_\_\_\_\_

Type of Call: \_\_\_\_\_

Court Case Pending: Yes  No

**Mail Records:** Yes  No

FAX Records: (if applicable) Yes  No

Call for Pickup: Yes  No

Reason for request: \_\_\_\_\_

\_\_\_\_\_

To the Requester: The information being requested is subject to fees pursuant to O.C.G.A. 50-18-71 which allows for a research fee equal to the hourly rate of the lowest paid employee capable of researching the requested information. Pursuant to the law, you will not be charged for the first 15 minutes of research. In addition, there is a per page copy or print cost of \$.25 and \$10.00 fee for the CD if used. **Allow at least three business days for researching; five business days for mailing.** You will be contacted when your information is ready to be picked up.

**Open Records Request is 706-638-1913 and Open Records fax number is 706-638-1907.** If you have any questions regarding this information, please contact the staff at 706-638-1913. Thank you.

This Section To Be Completed by Office Staff:

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Received by \_\_\_\_\_

**WALKER COUNTY SHERIFF'S OFFICE  
REQUEST FOR PUBLIC RECORDS**

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Request Received by:  Mail  FAX  E-Mail  Phone  Visit

Name of Responding Sheriff's Office Representative: \_\_\_\_\_

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: \_\_\_\_\_

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