

**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 \$.10 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 : Administration Records, 706-638-1909 Ext. 231, 706-638-6398 Fax,
Investigation Records, 706-638-1909 Ext. 223, 706-638-1907 Fax
Detention Records, 706-638-1909 Ext. 264, 706-638-0294 Fax
Road Patrol Records, 706-638-1909 Ext. 244, 706-638-1907 Fax, Thank you.

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This Section To Be Completed by Office Staff:

Date Received: _____ Time Received: _____

Received by _____

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: _____
