



Polk County Board of Elections and Registration

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Elections Director: Noah Beck

Assistant Director: Stephen Walker



OPEN RECORDS REQUEST SUBMISSION FORM

Pursuant to Georgia Open Records Law, I formally request to *(select the following)*:

_____ to inspect and/or copy

_____ to obtain copies

of the following Board of Elections and Registration Record(s):

(Please provide as much detail as possible when requesting each document)

Please select that which applies to your request:

_____ I would like to receive copies within three (3) business days of this request if such records are available; however, I understand that if such records cannot be provided to me within three days, a timetable for their release will be provided to me; or

_____ I do not need the records within three days, but would like to request a date and time that records may be inspected within the office.

Time and Date of Requested Inspection: _____, 20____.
____: ____ AM/PM

Requestor's Acknowledgement

I understand that pursuant to O.C.G.A. § 50-18-71, I may be charged administrative and copying fees for the cost to search, retrieve, and copy the requested documents. This fee represents the hourly rate of the lowest full-time employee with necessary skill and training to respond to my request, with no charge for the first fifteen minutes of processing. Hardcopies will be charged at a rate of .10 per page, unless provided by law. Copies transmitted electronically will incur a cost of no more than .01 per page. If electronic copies cannot be transmitted via email due to file size, copies will be placed on a flash drive resulting in a \$15 fee to cover the cost of the item.

I agree to pay all copying and/or administrative costs incurred with fulfilling the above request.

If there are any questions regarding my request, I may be contacted by:

Phone: (____) _____ - _____ Email: _____

Signed,

Signature of Requestor

Date