

GEORGIA OPEN RECORDS ACT - REQUEST FORM

Requester's Name: **Telephone #:**

E-mail Address: **FAX #:**

Mailing Address:

Identify Requested Record(s):

To be completed by the DHS organizational unit

Date Received: **Time Received:**

Request Received By: Mail Fax E-mail Phone Visit

Name of Responding DHS Official:

DHS Organizational Unit:

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: