

PICKENS COUNTY 9-1-1

REQUEST FOR INSPECTION/COPYING OF PUBLIC RECORDS

To be completed by person requesting documents

Date: _____ Time: _____ Name: _____
Mailing Address: _____
Business Phone: _____ Home Phone: _____

Description of records (s) requested

Copy of Logs _____ Copy of Tape _____ (Telephone Traffic _____ Radio Traffic _____)
Case Number: _____ Date: _____ Time: From _____ To _____
Location of Incident: _____
Nature of Incident: _____
Department(s) Involved: _____
Reason for Request: _____
Requested under Subpoena _____ Requested under O.C.G.A. 50-18-70 Open Records: _____
Give as much detailed information as possible to help in locating the appropriate call:

NOTICE: Tapes are archived for 3 years. Request for copies of any tape over 3 years may not be available. A written response to your request will be available within three business days as a statement of allowable costs, if any, for retrieval and copying. There is a charge for the cost of the tape if a tape copy is requested and .10 cents per copy of any log or printed record. There is also a charge for employee's time (\$20.00 per hour) if retrieval/copying exceeds 15 minutes.

To be completed by 911 staff

Received By: _____ Date/Time: _____
Copied By: _____ Date/Time: _____
Charges: \$ _____ Paid: _____
Comments:

To be completed by person requesting documents

Received By: _____ Date/Time: _____