

**GEORGIA OPEN RECORDS ACT – REQUEST FORM**

**Requester's Name:** \_\_\_\_\_ **Telephone #:** (\_\_\_\_) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **FAX #:** (\_\_\_\_) \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Identify Requested Record(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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*To be completed by the CBH organizational unit*

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

**Request Received By:**  Mail  Fax  E-mail  Phone  Visit

**Name of Responding CBH Official:** \_\_\_\_\_

**CBH 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:** \_\_\_\_\_

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