

REQUEST FOR INSPECTION OF PUBLIC RECORDS

| To: Superintendent of Schools | Date Received: |
|---|---|
| c/o Amy Rogers | Time Received: |
| Provide Controlling | |
| Records Custodian 613 West Main Street | Received By: Date(s) of Communication: |
| Claxton, GA 30417 | Date(s) of confindincation |
| Office: (912) 739-3544 | Date and Time of Return: |
| Fax: (912) 739-2492 | |
| recordscustodian@evanscountyschool | s.org |
| my inspection and/or copying pursuan 70 et seq. I understand that Evans Cou costs associated with retrieving the recopostage costs, and/or costs for providi an estimate of these costs and retrieval | ined by Evans County Board of Education be made available for at to provisions of the Georgia Open Records Act, O.C.G.A. §50-18-inty Board of Education may charge reasonable fees for personnel cords, fax transmission costs, copying costs (.10 cents per page), ing records on computer disks. I understand that I will be provided at times within 72 hours of my request and that I will be given an its before the records will be retrieved and be made available to did records is as follows: |
| I request these records be made availa copies, fax, email attachment, etc.): | able to me in the manner specified below (inspection only, photo |
| Signature: | |
| | Office Use Only: |
| Name: | Date Records Received: |
| Fax: | Receiving Party Initials: |
| Email: | Amount Received: |
| Date: | |
| Address: | |
| Telephone: | |