

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 DHR organizational unit

Date Received: Time Received:

Request Received By: Mail Fax E-mail Phone Visit

Name of Responding DHR Official:

DHR 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: