



Douglas County
District Attorney
TRUTH. JUSTICE. COMMUNITY.

Open Records Request Form

Requestor's Contact Information:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email Address: _____

Information Being Requested:

Defendant's Name: _____

Case Number: _____ Date of Arrest: _____

Charges: _____

Information being requested:

O.C.G.A. 50-18-71(c) (1), (c)(2) and (c)(3) allows the provider of public records to charge the requester for the search, retrieval, redaction, and production of copying charges. If the estimated cost exceeds \$25, O.C.G.A. 50-18-71 (d) permits a provider of public records to ask that the requester agree to pay the estimated costs prior to request being fulfilled. O.C.G.A. 50-18-71(d) further provides that a provider of public records can insist on prepayment of any costs where the production of such records exceeds \$500. We reserve the right to enforce these provisions.

Signature

Date

Internal Use Only:

Open/ Closed (Please circle one)

If the case is open, date status checked: _____

If closed, date the file was ordered: _____

Other Notes: _____