

Open Records Act Request Form



Complete your request online by scanning the QR Code or visit CherokeeCountyGA.com

REQUESTOR NAME:				
EMAIL:				
TELEPHONE:				
MAILING ADDRESS:				
PREFERRED METHOD FOR RECE	IVING RESPONSIVE RECO	ORDS:		
Prepared Records for Inspe	ction Only			
Email Fax				
USB Mailed USB P	ick Up	Copy Mailed	Paper Copy Pick Up	
PLEASE IDENTIFY REQUESTED RI	ECORD(S):			
By submitting this request, pursuant administrative charges incurred with hourly wage of the lowest paid full and production of the requested do stand that I will be provided a pre-I	th fulfilling my Open Record time employee able to per ocuments and 10 cents per	ds Request up to form the search (page for photoco	\$25. These charges may include (after the first 15 minutes), retri opies. For requests over \$25, I u	ieval, Inder
REQUESTOR'S SIGNATURE			DATE	