Northwest Georgia Health District Open Records Request Form

To submit an Open Records Request for records within Northwest Georgia Health District, the below form must be completed and submitted to the Privacy Officer at the District Office (1309 Redmond Road, NW, Rome, GA 30165-9655). The form is also available online at https://nwgapublichealth.org.

Under Georgia law, an agency may impose a reasonable charge for the search, redaction, and production or copying cost of records responsive to an Open Records Request. The time and cost will be calculated by using the hourly salary of the lowest paid employee qualified to conduct the search of an Open Records Request, with no charge for the first fifteen minutes of employee time expended.

In addition to charges for the search, redaction, and production of responsive records, the office will impose a fee for the copying of records or data at $.10 cents per page or, in the case of other documents, the actual cost of producing the copy. For electronic records, the office will charge the actual cost of the media on which the records or data are produced. O.C.G.A. § 50-18-71 (c).

If the estimated cost for production of the records exceeds $500.00, the office will insist on pre-payment before the Open Records Officer begins search, retrieval, review, or production of the records. The office may require pre-payment for a new request if the requestor has not paid for a prior Open Records Request. O.C.G.A. § 50-18-71 (d).

REQUEST SUBMITTED BY (check one) ☐ **E-Mail**

Pursuant to the Georgia Open Records Act, ***I***

First & Last Name (required):_____

hereby request records pertaining to:_____

Address (optional):_____ _____ _____ _____
Street City State Zip

OR

Name of Facility:_____

Purpose of Request:_____

_____

Please describe type of Records Requested:

_____

Signature of Requestor:_____

Date Requested:_____

How would you like to receive these records? Please check one of the following:

Requestor Name:_____ Phone (required):_____

☐ Address:_____ _____ _____ _____
Street City State Zip

☐ Email Address:_____