



DAWSON COUNTY SHERIFF'S OFFICE
SHERIFF JEFF JOHNSON
 19 Tucker Avenue
 Dawsonville, Georgia 30534
 Office (706) 344-3535 ~ Fax (706) 344-3537



Date: _____

Time: _____

- Telephone/Fax Request
- Request made in person
- Other method of request _____

(In order to reduce administrative and copying charges, please provide a detailed description of the records that you are requesting. For example please state: 911 records, arrest, incident or accident report, etc... or explain in detail the type of information you are trying to obtain.)

Pursuant to the open records law, I would like to inspect and obtain a copy of the following Dawson County records.

Name of Individual (victim/suspect): _____

Date & Time of Incident: _____

Location of Incident: _____

Case Number: _____

I understand that pursuant to O.C.G.A. § 50-18-71, I may be charged administrative, supply and copying fees for the cost to search, retrieve, copy and supervise access to the requested documents. This administrative fee represents the hourly rate of the lowest paid full time employee with the necessary training to respond to my request, with no charge for the first fifteen minutes that it takes to respond to the request. A cost worksheet will be provided explaining all fees associated with receiving this request. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

If there are any questions about my request, I may be contacted at (_____) _____-_____.

Signature of Requestor: _____

_____ (printed name)

_____ (address)

If the records are available, please allow three business days for your request to be processed. If the request cannot be processed within three business days a timetable for their release will be provided.

Approved: _____ Denied: _____ Signature of Records Clerk: _____