



Donald E. Craig
Sheriff

Office of the Sheriff

Pickens County, Georgia
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Request for Inspection / Copying of Public Records

To be completed by the person requesting documents, if possible (if not, county employee to complete):

DATE: _____

TIME: _____

NAME: _____

MAILING ADDRESS: _____

TELEPHONE: Business: _____ Home: _____

DESCRIPTION OF RECORDS REQUESTED:

NOTICE: A written response to your request will be available within three business days, as well as a statement of allowable costs, if any, for required retrieval and copying. There will be a charge for the county employee's time (not including the first fifteen minutes) and a charge of \$.25 per page for copies, which said costs are your responsibility under the open records law.

Signature of Requestor

This Section To Be Completed by Office Staff:

Received by:

County Record Custodian
Office Of: _____

Dated: _____

Time: _____