



Margaret Hudgins
Open Records Custodian
1058 Fifth Avenue
Jonesboro, GA 30236

Date of Request: _____

Re: Open Records Request

Your Name: _____

Your Company: _____

Address: _____

Telephone No.: _____ (voice) _____ (fax)

Email Address: _____

Please state your request – be as detailed as possible and include if you want to inspect/review or obtain copies. *(Feel free to use the backside of this page):*

By signing and submitting this request, I understand that the Clayton County Public School System has three (3) business days to **respond** to this request pursuant to O.C.G.A. § 50-18-72 (the Georgia Open Records Act).

(Please print your name)

(Signature)

Preferred Mode of Receipt: _____ Pick-up _____ Mail _____ Fax* _____ E-mail*

Please note, certain records may not be faxed or e-mailed by law

The school district is authorized to impose upon you a reasonable charge for the research, retrieval, redaction, and other administrative costs of complying with your inquiry, including copying charges of **\$.10 per standard page** and a charge of **\$16.12 per hour** for the time you spend reviewing documents to begin after the first quarter hour/15 minutes.

For internal use only:		
Received by:	Receipt Date:	Completion date: