R.E. "Chuck" Moseley Sheriff



Mike Hargrove Chief Deputy

To: Records Clerk
Wayne County Sheriff's Office
266 East Walnut Street
Jesup, GA 31546
(912) 427-5970 Phone
(912) 427-5972 Fax
amy.roberson@waynecounty-ga.gov

Pursuant to the Georgia Open records: (Be specific. List all r	,		
Case/Crash Number:	Deputi	es Name	
Incident Location:			
Call Date:	Call Time:		
SUBJECTS NAME:	CLIENTS NAM	ME (IF ATTORNEY):	
NAME OF REQUESTOR:			
REQUESTORS COMPANY:			
PHONE NUMBER:	EMAIL:		
PHONE NUMBER:	CITY:	STATE:	
DOCUMENTS/ITEMS REQU			
Only Documents requested will be release	sed. Be Specific. Charges may be in	curred. Generic requests for "eve	erything" will not be granted
Requestor's Signature:		100	
Data			

911 Center: 912 427-5992

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### Request for Open Records Fee Summary and Notice:

### **Notice:**

Some Public records are exempted by law from disclosure. You will be notified within three (3) business days if the information requested is a public record available for inspection and/or copying as well as the associated costs.

#### Fees:

Service Fee: First quarter hour is free. Additional hours billed at the preparer's hourly rate per hour. Copies 8.5x11 to Legal size – Black & White Copies: \$0.10 per page.

Color Copies: \$1.00 per page. Photographs: \$1.00 per copy.

911 Audio Recordings CD: \$10.00 per copy.
Video Recordings DVD: \$1.00 per copy.

### **Notice:**

Ref: O.C.G.A. 50-18-72(a)(20)(c). I understand that records and information disseminated pursuant to this paragraph may be used only by the authorized recipient and only for the authorized purpose. Any person who obtains records or information pursuant to the provisions of this paragraph and knowingly and willfully discloses, distributes, or sells such records or information to an unauthorized recipient for an unauthorized purpose, shall be guilty of a misdemeanor of a high and aggravated nature and upon conviction thereof, shall be punished as provided in Code Section OCGA 17-10-4. Any person injured thereby shall have cause of action for invasion of privacy.

Signature:	Date:
0	

After submitting this request, you will receive verification via email if requestor's email is provided.

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In accordance with O.C.G.A. 50-18-70, Open Records Request, the following information or items are provided to the requester.

### **CHECKLIST**

Basic Incident Report	Supplemental Report(s)
Motor Vehicle Crash Report	Arrest/Booking Report(s)
Cad Report(s)	Victim/Witness Statement(s)
Photograph(s)	Policy & Procedure
Search Warrant(s)	Arrest Warrant(s)
Audio Recording(s)	Video Recording(s)
Other	
Other	

Notes:	
Relinquished by:	
Date:	
Received by:	

266 E. Walnut St. - Jesup, Georgia 31546 - Sheriff's Office: 912 427-5970 Fax: 912 427-5972

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SUBTOTAL = \$

### Open Records Request Cost Worksheet/Receipt

This sheet may be used to determine cost estimates, final costs, and serve as the requestor's receipt.						
WORKSHEET						
	ter hour of time expended in record preparat it so choose. It also authorizes an Agency/Or arch, Review, and Retrieval of information as Digital CD'S, Photographs or color copies.	ion.) The Open Records Act ffice to charge up to \$.10 per well as the costs for and CD's,				
Hourly charges for Administrative/Clerical tasks m discretion of the custodian or record	nay not exceed the salary of the lowest paid, f ds, has the necessary skill and training to perf	full-time employee, who in the orm the request.				
Number of hours for Search, Review, & (< 15 minutes – No Charge)	Retrieval:					
Total Labor Hours -	x Preparer's Hourly Rate \$	= \$				
Total Number of Pages -	x \$0.10 per page	= \$				
Total Number of DVD copies -	x \$1.00 per copy	= \$				
Copy of Inc. or Acc. / CAD Reports-	x \$5.00 per copy	= \$				
Total Number of Photographs -	x \$1.00 per copy	= \$				
Total Number 911 Audio Recordings -	x \$10.00 per copy	= \$				
Digital Copy of SOP/Contracts-	X \$10.00 per copy	= \$				

### The following additional costs may be applicable: Other Costs x \$ = \$ x \$ Postage/Handling -= \$ GRAND TOTAL

Case Number/Description	-	
Preparer's Name:	10.0000	Date:
	Received by:	