Office of the County Clerk
K. Paige Dukes
327 North Ashley Street-3rd Floor Valdosta, GA 31601
P.O. Box 1349 Valdosta, GA 31603-1349
Telephone: (229) 671-2400 Fax: (229) 245-5222

OFFICE OF THE COUNTY CLERK RECEIVED APR 05 2018 K. PAIGE DUKES

# LOWNDES COUNTY OPEN RECORDS REQUEST

Pursuant to the open records law, I would like to: ___ inspect and copy; or X obtain copies of *(please check one)* the following Lowndes County records:

*(In order to reduce administrative and copying charges, please provide as detailed a description as possible of the records that you are requesting)*

Mith Cothron's Business Application & Home Occupation tax registration For 5310 Tucker Rd Valdosta GA 31601

Map/Parcel #: 0137 009E

*Please check one:*

X I would like to review the documents/receive the copies within three business days of this request if the records are available; however, I understand that if the records cannot be produced within three business days, a timetable for their release will be provided to me; or

____ I do not need the documents/access within three business days, but would like to review the documents/receive the copies by _____ *(insert desired timetable).*

I understand that, pursuant to O.C.G.A. § 50-18-71, I may be charged administrative and copying fees for the cost to search, retrieve, copy and supervise access to the requested documents. This fee represents the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to my request, with no charge for the first fifteen minutes that it takes to respond to the request. The charge for copies is 10¢ per page for letter or legal sized documents and the actual cost for non-standard documents or electronic media, however, higher fees for certified copies or other specialized record may be charged, if provided by law. I understand that I will be asked to prepay all costs associated with retrieving the records before the request will be processed if the estimated cost for producing the records exceeds $500, or if I have failed to pay for the requested records in the past. I agree to pay all copying and/or administrative costs incurred with fulfilling my open record request.
If there are any questions about my request, I may be contacted at: (229) 244-8830. *(please insert daytime telephone number)* or by e-mail at coleman@cbricelaw.com *(please insert e-mail address).*

Sincerely,

Coleman B

*Requestor (Signature)*

~~4/3/18~~ 4/5/18

*Date*

Coleman L. Brice *(printed name)*

1008 N. Patterson St. *(address)*

Valdosta GA 31601

Revised 7/2013

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| Completion Date: | |
| # of pages: | CD: |
| Date Paid: | |
| Check or Cash: | |
| Received by: | |