

**Bibb County Government
Board of Commissioners**

Open Records Request Form

Name of Requestor: _____

Contact Information: Street: _____ City: _____
State: _____ Zip: _____ Phone: _____

Date: _____ Time: _____

Exact Description of Documents Requested:

For Use by Bibb County Government:

Date/Time received: _____ By: _____

Fee Estimate: _____ Copies @ \$.10 per page = _____ \$
hours to process @ \$ _____ /hour = _____ \$
Other Charges: _____ = _____ \$
TOTAL ESTIMATE _____ \$

Reviewed for Release of Information:

Name/Position

Signature

Date/time processing began _____ ended: _____
_____ @ _____ /hour \$ _____
hours hourly wage
Total Due: _____ \$
Paid: ** _____
Date/Time

Notified Requestor: _____
Date/Time

Documents Received by Requestor: _____
Date/Time

Signature of person receiving documents

****Please attach receipt.**