

**COUNTY OF MACON
REQUEST FOR PUBLIC RECORD**

I. TO BE COMPLETED BY PERSON MAKING REQUEST

Last Name First Name Middle Initial Date of birth

Address City State Zip Code Phone Number

Records Requested (must be specific)

Copies Requested Yes _____ No _____ (Inspection Only)

_____ / _____
Signature of Requestor Date

Date Available _____ (Must be obtained this date)

Contact Person _____

RECORDS REQUESTED WILL BE MADE AVAILABLE WITHIN 7 WORKING DAYS

II. TO BE COMPLETED BY DEPARTMENT

Complete all that apply and return copy to Records Supervisor.

1. Records made available and inspected. _____
Signature of Viewing Person

2. Copies made available and received. Amount Paid \$ _____
a. Clerk Initials _____ Date _____

3. Records exempt and not available for inspection. _____

_____ / _____
Signature of Dept. Director Date