



# Polk School District

612 S. College Street  
Cedartown, GA 30125



## Open Records Request

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please identify the records you are seeking. **BE SPECIFIC.** If your request is detailed and specific, it will aid us to retrieve the requested records quickly and completely. Please be advised that some records may not be released due to a privacy law or statute that prohibits their release. Attach additional pages if needed.

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Please mail or deliver this Request to: Polk School District  
 Open Records Request  
 Attn: Human Resources  
 612 S. College Street  
 Cedartown, GA 30125

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please be advised that in accordance with the Georgia Open Records Act, you will be assessed a \$ .10 per page copy fee in order to have the copies of any information that you request. You will also be charged the hourly rate of the employee who retrieves and copies these documents beyond the fifteen (15) free minutes allowed by statute. You will be notified of any charges incurred by this Request.**