

Frank Mullis, Jr.
Board Chairman



Tracy Alvord
Executive Director

Sexual Offender Risk Review Board

Open Records Request

Requestors Contact Information:

Date:
Name:
Contact Email:
Address:
Phone #:

Requested Records/Offender:

Offender Name:
Offender Date of Birth:

Under the Georgia Open Records Act §50-18-70 et seq., I am requesting an opportunity to obtain copies of public records from SORRB.

☐ I am requesting the **full SORRB file** regarding the above offender (costs may be associated)

☐ I am requesting copies of the **SORRB Risk Assessment and Offender Designation Letter** regarding the above offender (sent free of charge)

☐ I would like the documents emailed to me ☐ I would like the documents mailed to me

Requestor will receive an invoice with calculated cost regarding search, retrieval, and redaction of requested files. If there are accompanying fees, payment must be made in the form of a check or money order.

Please submit this form and any questions to SORRB Office Operations Manager
& Custodian of Records: Cailin Rossi – cailin.rossi@sorrb.ga.gov

Please note NEW change in address

Sexual Offender Risk Review Board

200 Piedmont Ave, SE
Suite 404, West Tower
Atlanta, GA 30334

**Under Georgia law an agency may impose a reasonable charge for the search, redaction, and production or copying cost of records responsive to an open records request. The time expenditure cost will be calculated by using the hourly salary of the lowest paid employee qualified to conduct the research of an open records request, with no charge for the first quarter hour of employee time expended. Each photocopy will be 10 cents per page. Other fees may apply for different types of media and formats, mailing costs, certified copies, or other reasonable administrative costs. In some instances, the requestor's agreement to pay costs or prepayment of costs may be required prior to the agency's search, retrieval, review or production of the requested records. Payments may be made by check or money order payable to the "Sexual Offender Risk Review Board" with "Open Records Request" in the memo line. Please mail to the attention of the "Open Records Officer."*

The Georgia Open Records Act requires a response time within 3 business days. If access to the records I am requesting will take longer than 3 days, please contact me with information about when I might expect copies of the requested records.

If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for considering my request.

Sincerely,

Requestor Signature:	Date:
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