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Superintendent

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Assistant Superintendent

**PICKENS COUNTY SCHOOL SYSTEM
REQUEST FOR DOCUMENTED INFORMATION**

Date: _____

Name: _____

Address: _____

Phone: _____

Description of information requested:

The following research fees apply:

There is a \$.10 per page charge for copies in addition to the hourly wage of the lowest paid full-time employee who, at the discretion of the custodian of records, has the necessary skill and training to respond to the request. There will be no hourly charge made for the first quarter hour. These charges are in accordance with O.C.G.A. 50-18-71 (c) and (d).

My signature is acknowledgement that I have read and understand the above referenced research fees.

Signature

Date



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www.pickenscountyschools.org