



P.O. Box 100127
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CARLA JACKSON
Tax Commissioner

HEATHER WALKER
Chief Deputy

Open Records Request Form

Date of Request: _____

Name of Requestor: _____

Phone Number: _____

Email Address: _____

Records Requested (please include parcel number, address, and information needed):

Signature of Requestor

Approved/Prepared by: _____

Start time _____ End Time _____

According to O.C.G.A. § 50-18-71(c) (d), the following charges may apply:

Number of copies (x .10 per page) _____ includes hourly rate of (_____)

Amount Due \$ _____ **due upon receipt of request**

Please make check payable to: **Cobb County Board of Commissioners**

Mailing Address

Cobb County Tax Commissioner's Office
Open Records
P.O. Box 100127
Marietta, GA 30061

Note: According to O.C.G.A. § 50-18-70(d), no agency shall be required to prepare reports, summaries, or compilations not in existence at the time of the request.