OPEN RECORDS REQUEST

Dear Records Custodian:

Pursuant to the Georgia Open Records Act, I would like to have access to the following City of Walthourville records (you may attach more pages as needed):		
Dlanga initial avery sta	toment helevy. Failure to	mitial may delay the processing of your request
I understand that the	e law allows the City three b	usiness days to review and respond to my request ments will be ready within three business days. If ving day will not count as one of the three days.
Privileged or confid that must be redacte	ential information protected d include by are not limited in formation, appraisal information	mark out sections of documents that contain by the Open Records Act. Examples of information to: Social Security numbers, mother's maiden name, ation and records from an ongoing criminal and or
search, retrieve copy rate of the lowest pa	and supervise access to the id full-time employee with the	ge administrative and copying fees for the cost to requested documents. This fee represents the hourly he necessary skill and training to respond to my The charge for copying letter or legal size documents
at the time the recor		ts associated with fulfilling my open records request derstand that the City may seek legal remedies if I tent funds.
I may be contacted at th my request:	e following with questions a	about my request or to update me about the status of
Phone:	Email:	
Sincerely,		
Name		Date
. 1	(printed name)	City of Walthourville Office Use Only Received by:
	(address	Date: Time: Amount of Request: