



**City of Grantville, Georgia  
GEORGIA OPEN RECORDS ACT – REQUEST FORM**

Requester's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

**Please list, in detail, the information that you are requesting.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
To be completed by Office Personnel

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Request Received by:  Mail  FAX  E-Mail  Phone  Visit

Name of Responding Office Representative: \_\_\_\_\_

Determination:  Record(s) subject to disclosure  
 Record(s) NOT subject to disclosure

Date Requester Advised of Availability/  
Non-availability of Record(s): \_\_\_\_\_ Date Record(s) Made Available: \_\_\_\_\_

Method:  Records Prepared for Viewing  Computer Records Copied to Disk  
 Photocopies Made  Electronic Transmission  Other; Specify \_\_\_\_\_

Number of Documents (approximate number of pages) Made Available: \_\_\_\_\_

Number of Copies Provided: \_\_\_\_\_ Amount Charged: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_