OPEN RECORDS REQUEST

DATE:
Name of Person making Request:
Address:
City, State, Zip:
Dear City of Flovilla Applicable Department: (i.e., City Hall, Code Enforcement, Community Development, Fire Department, Street Department, Water Department, etc.)
Pursuant to the Georgia Open Records Law (O.C.G.A § 50-18-70 et seq.) (the "Law"), you are hereby requested to make available for review and copying all files records and other documents in your possessions that refer, reflect or relate to . This
request includes, but is not limited to, all documents, notes, correspondence and
memoranda evidencing , and
all communication and correspondence in whatever tangible medium between and among and
If this request is denied in whole or in part, we ask that you cite in writing the specific statutory exemption upon which you have relied, as required by law. We also ask that you release all separate portions of otherwise exempt material. Please waive any costs associated with this request, or first inform us about such costs as required by Georgia law. As you know, the Law requires a response by you within three business days of you receipt of this letter and provides sanctions for non-compliance. I look forward to hearing from you. Sincerely,
Signature [Delivery Should be by HAND Delivery OR BY CERTIFIED MAIL-RETURN RECEIPT REQUESTED]
For office use only:
Date request officially received:
City official: