



GEORGIA OPEN RECORDS ACT – REQUEST FORM

Requester's Name _____ Telephone # _____

Company Name _____ FAX # _____

Email Address _____

Mailing Address _____

Identify Requested Records _____

To be completed by the City of Patterson Records Custodian

Date received _____ Time received _____

Request received by Mail Fax E-mail Phone Visit

Name of Responder _____

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 _____