

The City of Williamson

P.O. Box 9

Williamson, Georgia 30292

"Cherish Our Past, Plan Our Future"

Request for Public Records

Your name (Print) _____ Date of request _____
Phone: _____ Date of response _____
Email: _____
Address: _____

Pursuant to O.C.G.A. §50-18-71 et seq., I am formally requesting to inspect these specific public records:

I agree to pay any copying and/or administrative costs incurred in fulfilling my requests to the extent permitted by Georgia law. Such costs may include copying charges of .20 per page and administrative charges for search, retrieval, and other direct administrative costs. Administrative charges shall not exceed the salary of the lowest paid full-time employee who, in the discretion of the custodian of the records, has the necessary skill and training to perform the request. A written response to this request will be sent no later than three business days following receipt of this request by the custodian of records.

Signature _____

Send your request via email to: Williamson_ga@att.net or by facsimile to 770-227-8623
Or by mail to:

City of Williamson
P.O. Box 9
Williamson, GA 3292