

The City of Williamson

P.O. Box 9

Williamson, Georgia 30292

"Cherish Our Past, Plan Our Future"

Request for Public Records

Your name (Print) _____

Phone: _____

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 ____ 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: clerk@cityofwilliamsonga.org or by facsimile to 770-227-8623
Or by mail to:

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