



1309 Redmond Road, NW
Rome, Georgia 30165
www.nwgapublichealth.org

REQUEST SUBMITTED BY (check one): E-MAIL U.S. MAIL FAX IN-PERSON

Pursuant to the Georgia Open Records Act,

I _____ hereby request records pertaining to:
(Printed Name of Requestor)

(Street) (City) (State) (Zip)

OR _____
(Name of Facility)

Purpose of Request: _____

Signature of Requestor: _____

Date Requested: _____

If you would like to have requested records mailed please complete the following (please print):

Requestor Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone (optional): _____

O.C.G.A. § 50-18-70

GEORGIA CODE