



1309 Redmond Road, NW  
Rome, Georgia 30165  
[www.nwgapublichealth.org](http://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: \_\_\_\_\_  
\_\_\_\_\_

Please describe type of Records Requested:  
\_\_\_\_\_

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): \_\_\_\_\_