Georgia Department of Public Health
Northwest Health District

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: _____

_____

Please describe type of Records Requested:
_____

Signature of Requestor: _____

Date Requested: _____

How would you like to receive these records? Please check one of the following:

Requestor Name: _____ Phone (optional): _____

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

☐ Email Address: _____

O.C.G.A. § 50-18-70