



City of Ringgold

150 Tennessee Street
Ringgold, GA 30736

Office (706) 935-3061
Fax (706) 965-7446

INCIDENT REPORT REQUEST

I, _____, hereby request the documents listed below, under the Open Records Act as codified in O.C.G.A. §50-18-70.

I understand it may be necessary for the City of Ringgold to review the requested documents to determine if they are, in fact, subject to the Open Records Act and to make certain that the documents contain no material exempted under the Open Records Act. I understand that the act allows the City three (3) business days in which to review the requested documents and make its determination. I will then be contacted to schedule a mutually convenient time for my review of the records.

Signed this _____ day of _____ 20 ____.

Signature

Print Name

Address: _____

Phone: _____

Item Requested: _____

Date Received by City ___/___/___ Time Request was Received _____ a.m./p.m. Initials _____