



City of Ringgold

150 Tennessee Street
Ringgold, GA 30736

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

OPEN RECORDS 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: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____

Item(s) Requested: _____

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

Initials _____

Picked up by: _____ Date _____