CITY OF RINCON, GEORGIA
PO Box 232 / 302 S. Columbia Avenue
Rincon, GA 31326
(912) 826-5495 P / (912) 826-2083 F
www.cityofrincon.com

DISCLOSURE OF DOCUMENTS UNDER THE OPEN RECORDS ACT

Date of Request _____

Pursuant to O.C.G.A. 50-18-70-et seq., this is a formal request to inspect and/or obtain copies of certain public records pertaining to _____.
Records requested for inspection shall include but not to be limited to all public records, meaning documents, papers, letters, maps, books, photographs, or similar material prepared and maintained or received in the course of the operation of _____
in particular, this request shall include the following specific records:

_____
_____
_____
_____
_____.

I understand that the City of Rincon will respond to this request within three (3) business days from the date of request.

_____
Name

_____
City, State Zip Code

_____
Phone Number

FOR OFFICE USE ONLY

Date Records/Copies Made Available _____

Fee Amount _____ by Check or Cash (circle one)

Staff Signature _____