

CITY OF QUITMAN, GEORGIA

CITY CLERK, P.O. BOX 208, 100 WEST SCREVEN STREET, QUITMAN, GA 31643 (229) 263-4166

PUBLIC RECORDS REQUEST

Name of Requestor _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email Address of Requestor _____

Title of Record(s) Requested _____

Date of Record(s) Requested _____

Please describe the record(s) that you are requesting and any additional information that will assist us in locating this information for you as quickly as possible.

A minimum charge of \$.25 per page may be charged for duplication of records. Additional charges may be assessed for research and duplication of records. It is your responsibility to inquire about the charges related to your request.

_____ I wish to have copies/duplicates of the records indicated above.

_____ I wish to make an appointment to review the records indicated above before copies are made.

Method by which I would like to receive the information I have requested:

_____ Mailed to me

_____ Call me and I will pick up in person

Signature

Date