

# City of Bremen

232 Tallapoosa Street  
Bremen, Georgia 30110  
Tel (770)537-2331  
Fax (770)537-5136  
bremenga.gov

## GEORGIA OPEN RECORDS ACT REQUEST FORM

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**This Section to Be Completed By the Person Making the Request for Open Records**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Description of Documents / Records Requesting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is your request being made? (Circle One)      **Mail**    **Fax**    **Email**    **In Person**

Signature of Requestor: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE – To Be Completed by City of Bremen Personnel Answering Request**

Date Request Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Request Received By:      **Mail**    **Fax**    **Email**    **In Person**

Name & Title of Person Completing Request: \_\_\_\_\_

Determination:      \_\_\_\_\_ Record(s) Subject to Disclosure      \_\_\_\_\_ Record(s) **NOT** Subject to Disclosure

Date Advised of Availability/Non-Availability of Record(s): \_\_\_\_\_

Date Record(s) Made Available to Requestor: \_\_\_\_\_

Method:      \_\_\_\_\_ Records Prepared of Viewing at City Hall

                 \_\_\_\_\_ Computer Records Copied to Disc

                 \_\_\_\_\_ Photocopies Made

                 \_\_\_\_\_ Electronic Transmission

                 Other; Specify: \_\_\_\_\_

Number of Documents (Number of Pages) Made Available: \_\_\_\_\_

Number of Photocopied Documents (Number of Pages) Provided: \_\_\_\_\_

Amount of Time Spent: \_\_\_\_\_ Amount Charged: \_\_\_\_\_

Additional Comments: \_\_\_\_\_