

Attachment "A"

**REQUEST FOR OPEN RECORDS
CITY OF FAYETTEVILLE
FAYETTEVILLE, GEORGIA 30214
(770) 461-6029**

DATE

NAME OF PERSON MAKING REQUEST

ADDRESS

CITY

STATE

ZIP CODE

COMPANY/ORGANIZATION

AREA CODE

TELEPHONE NUMBER

Detailed description of records requested: _____

Department Head or Designee

Date / Time Received

Employee Receiving Request

Date / Time Received

Approved

Denied

Reason

Signature of Person Receiving Records

Date / Time Received