Department of Purchasing and Contracting
Open Records Act Request Form

Date: _____

Name of Requestor_____

Company Name:_____

Address:_____

City_____ State: Georgia _____ Zip Code: _____

Email Address:_____

Primary Phone Number:_____ Secondary Phone Number: _____

Project Name:_____ Project Number: _____

Project Description:

Information Requested:

Reset Form | e-Mail | Print Form