2194 Emory Street N.W. * P.O. Box 1527
Covington, Georgia 30015
Phone: (770) 385-2000
Fax: (770) 385-2060
cityofcovington.org

COVINGTON georgia

Planning & Zoning Open Records Request

Requestor's Name: _____ Telephone #: _____

E-mail Address: _____ Fax #: _____

Mailing Address: _____

Purpose of Request: _____

Requested documents/information:

.....

To be completed by Planning & Zoning Dept.

Date Received: _____ Time Received: _____

Request Received by: ☐ **Mail** ☐ **FAX** ☐ **E-Mail** ☐ **Phone** ☐ **Visit**

City Representative Responding: _____

Determination: ☐ **Record(s) subject to disclosure**

☐ **Record(s) NOT subject to disclosure**

Date Requester Advised of Availability/
Non-availability of Record(s):_____ Date Record(s) Made Available: _____

Method: ☐ **Records Prepared for Viewing** ☐ **Photocopies Made** ☐ **Electronic Transmission**

☐ **Other; Specify** _____

Number of Documents (approximate number of pages) Made Available:_____

Number of Copies Provided:_____ Amount charged:_____$.10/page

Additional Comments:

_____

_____