



CITY OF WHITE
29 W ROCKY STREET
P.O. BOX 116
WHITE, GA 30184

I would like to request copies of the following records from the City of White:

- (1) _____
- (2) _____
- (3) _____
- (4) _____

I understand that you have three days to respond to my request and will fill this request as soon as you can. Please contact me by phone when the request has been filled.

Requestor Signature

Date

Requestor Printed Name

Phone Number

Copies of records are \$.25 per page. Extra fees may apply if additional research time is involved in gathering the information or other forms of media are used to such as cd's.

