

Michelle M. Kollmann

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REQUEST FOR PUBLIC RECORDS

FREEDOM OF INFORMATION ACT (FOIA)

**FOR INFORMATION FILED IN THE EFFINGHAM COUNTY CLERK’S OFFICE**

Requestor’s Printed Name Telephone #/E-mail address (*optional)*

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Description of Requested Record(s):

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Please indicate if you wish to inspect the above records or wish a copy of them:

Inspection □ Copy □ Both □

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Requestor’s Signature Date

Office Use Only:

Date request received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date response is due: \_\_\_\_\_\_\_\_\_\_\_\_\_