

Brunswick-Glynn County Joint Water & Sewer Commission Office of the Director http://www.bgjwsc.org

Attn: Open Records Request Administrator 1701 Gloucester St Brunswick, GA 31520

Phone: 912-261-7136 Fax: 912-261-7178 Email: jmeridith@bgjwsc.org

Open Records Request Form

Name:	
Address:	
Phone:	Email Address:
Request: (please provide a detailed description of the documents being requested)	
Du mu signatura balau. I barabu sartifu that I	understand that the Drunswick Chan laint Water & Course
By my signature below, I hereby certify that I understand that the Brunswick-Glynn Joint Water & Sewer Commission has three (3) days from the date they receive this request until I receive a response. I further	
understand that if an extension is needed, I will be contacted and so advised. I further understand that	
BGJWSC does recoup its expenses relating to GORA requests and that I may be required to pay a fee for	
administrative time, copies, CD's, thumb drives, plats or other items related to my GORA request. I	
further understand that should such fees total \$500 or above, I will be informed prior to the fulfilment of my request, and that I may be required to submit a deposit.	
my request, and that rmay be required to submit a deposit.	
Printed Name	Signature
Request Date	Deadline (If Requested by Media)