OPERATOR RCESPONSE FORM

Informal Conference Requested: Yes X No ☐

Operator Name: **City of Sylvania** Docket Number: **37086**

FILED
09/01/2026
Executive Secretary G.P.S.C.

Docket # 37086
Document # 228252

Responses required within **30 days of electronic mail.** Provide the following information for this report:

Response to Inspection Number: JS26-014

Type of Enforcement Action(s) cited in report:		Informal Conference Requested	
☐ Notice of Probable Violation (NOPV)	☒ New ☐Continuing	☒ Yes	☐ No
☐ Notice of Amendment (NOA)	☐ New ☐Continuing	☐ Yes	☐ No
☐ Warning Letter	☒ New ☐Continuing	☐ Yes	☐ No
☐ Letter of Concern	☐ New ☐Continuing	☐ Yes	☐ No
☐ Observed Issue	☐ New ☐Continuing	☐ Yes	☐ No
☒ Proposed Civil Penalty	$5000.00 PCP $ Amount (Total for report)		

Indicate below (A-E) based on the type of Enforcement Actions in this report: (Check all that apply)
Complete a separate copy of Page 2, Operator Response to Enforcement Action, for each cited item.

A. Response for **Notice of Probable Violation** (with and without proposed civil penalty):
   1. ☐ Written statement indicating that corrective measures have achieved Compliance or
   2. ☐ Written plan of action outlining the corrective measures that will be taken to achieve compliance and when compliance is anticipated.

B. Response for **NOA**:
   1. ☐ Contested: Attach written explanation, information, or other material in answer to the allegations in the Notice of Amendment stating your reasons for objecting to the NOA, in whole or in part; or
   2. ☐ Not Contested: Explanation, information, or other material believed to warrant modification of the NOA in whole or in part; or
   3. ☐ Written request for clarification. (Attached)

C. Response for **Continuing** and/or **Existing** violations:
Current status, updates, expected completion dates, proposed modifications, etc., of the continuing and/or existing violations, even if this information was previously provided. Referencing a previously filed response letter, as status, updates, etc. alone is not sufficient for this response. Failure to provide this information may result in formal interrogatories from the Director through data requests.

D. Response for ☐ **Letter of Concern** / ☐ **Warning Letter**
I acknowledge receipt of the Letter of Concern/Warning Letter: _____
SIGNATURE / TITLE

Additional Comments: (Optional) _____

E. Response for **Observed Issue** and **No Violation**: (Optional Response)
Staff requests that the Operator acknowledge receipt of the Observed Issue/No Violation in writing, or by submitting an email to the FPU Director

OPERATOR RCESPONSE FORM

Informal Conference Requested: Yes X No ☐

Operator Name: **City of Sylvania**

Docket Number: **37086**

Enforcement Action for: Consent Agreement ☐ New Violation ☒ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☐ Notice of Probable Violation (NOPV)	☐ Yes ☐ No	$ Proposed Penalty for this violation
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: Consent Agreement being negotiated

Response Provided by: Michael Phillips (Name / Title) Date: 8/14/2026

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed:☐ Yes ☐ No Clear Violation:☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

OPERATOR RCESPONSE FORM

Informal Conference Requested: Yes X No ☐

Operator Name: **City of Sylvania**

Docket Number: **37086**

Enforcement Action for: §192.807(b) ☐ New Violation ☒ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☐ Notice of Probable Violation (NOPV)	☐ Yes ☐ No	$ Proposed Penalty for this violation
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: City of Sylvania has located the OQ records for Roy Burk .Records are available for review.

Response Provided by: Michael Phillips (Name / Title) Date: 8/14/2026

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

OPERATOR RCESPONSE FORM

Operator Name: **City of Sylvania**

Informal Conference Requested: Yes X No ☐

Docket Number: **37086**

Enforcement Action for: §192.1007© ☐ New Violation ☒ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☐ Notice of Probable Violation (NOPV)	☐ Yes ☐ No	$ _____ Proposed Penalty for this violation
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: The City of Sylvania will revise its Distribution Integrity Management Plan (DIMP) by the end of 2026 to validate and update its risk ranking methodology, ensuring that system risks are accurately identified, assessed, and prioritized to support the continued safe and reliable operation of the distribution system.

Response Provided by: Michael Phillips Date: 8/14/2026

Name / Title

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

OPERATOR RCESPONSE FORM

Operator Name: **City of Sylvania**

Informal Conference Requested: Yes X No ☐

Docket Number: **37086**

Enforcement Action for: 192. 1007(f) ☐ New Violation ☒ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☐ Notice of Probable Violation (NOPV)	☐ Yes ☐ No	$ _____ Proposed Penalty for this violation
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: The City of Sylvania will perform a reevaluation of its Distribution Integrity Management Program every five years to identify emerging threats, assess associated risks, and implement appropriate mitigation measures.

Response Provided by: Michael Phillips (Name / Title) Date: 8/14/2026

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

OPERATOR RCESPONSE FORM

Informal Conference Requested: Yes X No ☐

Operator Name: **City of Sylvania**

Docket Number: **37086**

Enforcement Action for: §192.1007(b) ☐ New Violation ☒ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☐ Notice of Probable Violation (NOPV)	☐ Yes ☐ No	$ Proposed Penalty for this violation
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: The City of Sylvania will revise its Distribution Integrity Management Plan (DIMP) by the end of 2026 to validate and update its risk ranking methodology, ensuring that system risks are accurately identified, assessed, and prioritized to support the continued safe and reliable operation of the distribution system

Response Provided by: Michael Phillips Gas Superintendent
Name / Title

Date: 8/142026

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed:☐ Yes ☐ No Clear Violation:☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

OPERATOR RCESPONSE FORM

Operator Name: **City of Sylvania**

Informal Conference Requested: Yes X No ☐

Docket Number: **37086**

Enforcement Action for: §192.1007(f) ☐ New Violation ☒ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☐ Notice of Probable Violation (NOPV)	☐ Yes ☐ No	$ Proposed Penalty for this violation
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: The City of Sylvania will perform a reevaluation of its Distribution Integrity Management Program every five years to identify emerging threats, assess associated risks, and implement appropriate mitigation measures.

Response Provided by: Michael Phillps Date: 8/14/2026

Name / Title

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

OPERATOR RCESPONSE FORM

Operator Name: **City of Sylvania**

Informal Conference Requested: Yes X No ☐

Docket Number: **37086**

Enforcement Action for: §199.101 ☐ New Violation ☒ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☐ Notice of Probable Violation (NOPV)	☐ Yes ☐ No	$ Proposed Penalty for this violation
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: The City of Sylvania has transitioned to a new testing consortium, Compliance Systems, LLC, for its drug and alcohol testing services. As a result, the City of Sylvania's Drug and Alcohol Policy will specify that the testing pool consists of all employees covered under the consortium, rather than only employees of the City of Sylvania.

Response Provided by: Michael Phillips (Name / Title) Date: 8/14/2026

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

OPERATOR RCESPONSE FORM

Informal Conference Requested: Yes X No ☐

Operator Name: **City of Sylvania**

Docket Number: **37086**

Enforcement Action for: §199.105©(7) ☐ New Violation ☒ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☐ Notice of Probable Violation (NOPV)	☐ Yes ☐ No	$ _____ Proposed Penalty for this violation
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS' RESPONSE: The City of Sylvania has transitioned to a new testing consortium, Compliance Systems, LLC, for its drug and alcohol testing services. As a result, the City of Sylvania's Drug and Alcohol Policy will specify that the testing pool consists of all employees covered under the consortium, rather than only employees of the City of Sylvania

Response Provided by: Michael Phillips (Name / Title) Date: 8/14/2026

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

OPERATOR RCESPONSE FORM

Operator Name: **City of Sylvania**

Informal Conference Requested: Yes X No ☐

Docket Number: **37086**

Enforcement Action for: §199.101(a)(1) ☐ New Violation ☒ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☐ Notice of Probable Violation (NOPV)	☐ Yes ☐ No	$ Proposed Penalty for this violation
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: The City of Sylvania has transitioned to a new testing consortium, Compliance Systems, LLC, for its drug and alcohol testing services. As a result, the City of Sylvania's Drug and Alcohol Policy will specify that the testing pool consists of all employees covered under the consortium, rather than only employees of the City of Sylvania.

Response Provided by: Michael Phillps Gas Superintendent (Name / Title) Date: 8/14/2026

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: ___

OPERATOR RCESPONSE FORM

Informal Conference Requested: Yes X No ☐

Operator Name: **City of Sylvania**

Docket Number: **37086**

Enforcement Action for: 192.463(a) ☒ New Violation ☐ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☒ Notice of Probable Violation (NOPV)	☒ Yes ☐ No	$5000.00 Proposed Penalty for this violation
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: The City of Sylvania contracted Ideal Gas Measurement to evaluate the gas distribution system and establish the required 100 mV polarization shift. Bond wires were installed at Isabelle Street and Peachtree Circle, and a portable rectifier was placed into service for testing purposes.

Based on the assessment results, it was determined that a permanent rectifier and ground bed are required to provide adequate cathodic protection for the system. The City of Sylvania plans to budget for the installation of a new rectifier and ground bed in 2027.

In addition, a comprehensive Cathodic Protection (CP) System Survey will be conducted in 2027 to identify and document all currently unprotected services within the distribution system

Response Provided by: Michael Phillips Gas Superintedent Date: 8/14/2026

Name / Title

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

OPERATOR RCESPONSE FORM

Informal Conference Requested: Yes X No ☐

Operator Name: **City of Sylvania**

Docket Number: **37086**

Enforcement Action for: §192.619(a) ☒ New Violation ☐ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☐ Notice of Probable Violation (NOPV)	☒ Yes ☐ No	$ _____ Proposed Penalty for this violation
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: The City of Sylvania requests an informal conference with staff regarding this issue. The City maintains that it has sufficient records and supporting documentation to substantiate the pressures identified on its MAOP Verification Form.

Response Provided by: Michael Phillips Gas Superintendent (Name / Title) Date: 8/14/2026

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

OPERATOR RCESPONSE FORM

Informal Conference Requested: Yes X No ☐

Operator Name: **City of Sylvania**

Docket Number: **37086**

Enforcement Action for: 192.723(a) ☒ New Violation ☐ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☐ Notice of Probable Violation (NOPV)	☐ Yes ☐ No	$ _____ Proposed Penalty for this violation
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: The City of Sylvania acknowledges the confusion regarding leak survey requirements and records over the past several years. Historically, the City operated on a survey cycle in which business district leak surveys were conducted annually and a complete system leak survey was performed every five years.

In 2024, following the completion of a full system leak survey, the City transitioned to a three-year survey cycle and is currently operating under that schedule.

To verify the accuracy and completeness of its service records, the City of Sylvania will conduct an additional full system leak survey in 2026

Response Provided by: Michael Phillips Gas Superintendent Date: 8/142026

Name / Title

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

Filings:

For all written responses or any other official correspondence, the Operator shall file the response at the following address:

Ms. Sallie Tanner, Executive Secretary
Georgia Public Service Commission
244 Washington Street, SW
Atlanta, Georgia 30334

The Operator must file **five (5)** copies of any response and/or official correspondence, as well as a CD with an electronic version of the response in Microsoft Word and/or a PDF, if applicable.

Informal Conference:

Any Operator who chooses to request an informal conference shall request such a conference through emailing the Director (michellet@psc.state.ga.us), calling the Director (404-463-2765), or selecting the "Request Conference" choice.

Civil Penalty Payments:

Certified check for the full amount of the recommended civil penalty or consent agreement amount made payable to the Georgia Public Service Commission. The Operator's name, applicable Docket No., and Inspection Report No. must be included on the certified check. Mail payment to:

Ms. Michelle Thebert, Director, Facilities Protection Unit
Georgia Public Service Commission
244 Washington Street
Atlanta, Georgia 30334

Hearing Requests:

The Operator has the right to request a hearing before the full Commission to contest the alleged probable violations, recommended civil penalties, and all other proposed actions of enforcement. A request for a hearing must be submitted in writing and in accordance with Commission Rule 515-2-1-.04. The Operator must include a statement of the issues that you intend to raise at the hearing. The issues may relate to the allegations, new information, proposed compliance order, proposed civil penalty, or any other recommendation for enforcement action. Please refer to Commission Rule 515-9-3-.11 and O.C.G.A. § 46-2-91 for assessment considerations upon which civil penalties are based. An operator's failure to specify an issue may result in a waiver of the right to raise that issue at hearing. The request must also indicate whether or not the Operator will be represented by counsel at the hearing.

Open Records and Trade Secret Filings:

The Operator is advised that any material provided to the Commission, and all materials prepared by the Commission, including the Notice of Probable Violations and any Orders issued in this case, may be considered public information and subject to disclosure under the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.). If you believe that any portion of your response material is security sensitive, privileged, confidential or may cause your company competitive disadvantages and would qualify for protection under the Commission's "Trade Secret Rule" (Commission Rule 515-3-1-.11), you must, along with the complete original document clearly marked

"TRADE SECRET" on each page, provide a second copy of the document with the portions you believe qualify for trade secret treatment redacted, and an explanation of why you believe the redacted information qualifies for such trade secret treatment. Should the Commission receive a request for disclosure of any "TRADE SECRET" material, you will be notified, if after review, the materials and your provided justification are deemed not to meet any exemptions provided in the Georgia Open Records Act. You may appeal the Commission's decision to release material at that time. Your appeal will stay the release of those materials until a final decision is made.