BEFORE THE GEORGIA PUBLIC SERVICE COMMISSION
STATE OF GEORGIA

Sustainable Newton, Sara and Randall ("Randy") Vinson, and Theodosia and William ("Billy") Wade, Petitioners, v. VoltaGrid, LLC, Respondent.	Docket No. 57243

Exhibit AG-1

2194 Emory Street N.W. * P.O. Box 1527
Covington, Georgia 30015

Phone: (770) 385-2000
Fax: (770) 385-2060

cityofcovington.org

Open Records Request Form

Pursuant to the open records law, I would like (please check one)

☐ to inspect and copy;
☑ to obtain copies of

the following City of Covington record(s):

Any communications since January 2025 between the City of Covington and VoltaGrid, or any communications between the City of Covington and Serverfarm concerning the VoltaGrid facility in Covington.

(in order to reduce administrative and copying charges, please provide as detailed a description as possible of the record(s) that you are requesting)

Please check one:

☑ I would like to review the documents/receive the copies within three (3) business days of this request if the records are available; however, I understand that if the records cannot be produced within three business days, a timetable for their release will be provided to me; or

☐ I do not need the documents/access within three (3) business days, but would like to review the documents/receive the copies by_____. (insert desired timetable)

I understand that pursuant to O.C.G.A § 50-18-71, I may be charged administration and copying fees for the cost to search, retrieve, copy and supervise access to the requested documents. This fee represents the hourly rate of the lowest full-time employee with the necessary skill and training to respond to my request, with no charge for the first fifteen minutes that it takes to respond to the request. The charge for copies is $.10 per page unless otherwise provided by law. I agree to pay all copying and/or administrative costs incurred with fulfilling my open request.

If there are any questions about my request, I may be contacted at (615) 339-5938.

William Snow Digitally signed by William Snow Date: 2026.04.29 15:59:14 -04'00' 04.29.26

Signature of Requestor Date

William Snow

Printed Name

Address: Ten 10th St NW, Suite 1050 City/State/Zip Atlanta, GA 30309

Please return by mail to
City of Covington • P.O. Box 1527 • Covington, GA 30015

Office use only

Completed by:_____ Date(s):_____ Total research hours:_____
Copying Fee:_____ Administrative Fee:_____ Amount Paid $_____Check #_____/Cash