



**DAHLONEGA POLICE DEPARTMENT  
OPEN RECORDS REQUEST**

Date / Time \_\_\_\_\_

Email \_\_\_\_\_

Telephone/Fax Request

Request made in person

Other method of request \_\_\_\_\_

(In order to reduce administrative and copying charges, please provide a detailed description of the records that you are requesting. For example, please indicate: Arrest, incident, or accident report, etc. or explain in detail the type of information you are trying to obtain.)

Pursuant to the open records law, I would like to inspect and obtain a copy of the following Dahlonega Police Department records.

\_\_\_\_\_  
\_\_\_\_\_

Name of Individual (victim/suspect): \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Case Number: \_\_\_\_\_

I understand that pursuant to O.C.G.A. § 50-18-71, I may be charged administrative, supply and copying fees for the cost to search, retrieve, copy, and supervise access to the requested documents. This administrative fee represents the hourly rate of the lowest paid full-time employee with the necessary training to respond to my request, with no charge for the first fifteen minutes that it takes to respond to the request. A cost worksheet will be provided explaining all fees associated with receiving this request. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.

If there are any questions about my request, I may be contacted at \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(email address)

If the records are available, please allow three business days for your request to be processed. If the request cannot be processed within three business days a timetable for their release will be provided.

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Signature of Records Clerk: \_\_\_\_\_