



OPEN RECORDS REQUEST

Case Number(s): _____

Date(s)/Time(s) of Incident(s): _____

Location of Incident: _____

Names and Dates of Birth of Person(s) Involved: _____

Type of Incident: _____

Type of Records Requested: _____

Additional Information: _____

Address: _____

City State Zip: _____

Phone Number: _____

Email Address: _____

Printed Name: _____

Signature: _____

Date: _____

OFFICIAL USE ONLY	
Date/Time Received:	_____
Received By:	_____
Completed By:	_____
Requester Notified:	_____
Information Claimed:	_____
Total Cost:	_____

NOTICE

Pursuant to O.C.G.A. 50-18-70, the Conyers Police Department has **three business days** to determine whether or not the requested records are public records. Pursuant to O.C.G.A. 50-18-71, fees will be charged for the time personnel spend supervising inspection of secured records, for copies of documents (10 cents per page), and for search, retrieval and other direct administrative costs in complying with your request. Pursuant to O.C.G.A. 50-18-71.2, the Conyers Police Department must notify you of the estimated cost of complying with your request before actual charges are levied.

Please print legibly. Print all information except signature. Our hours are Monday through Friday from 8:00 a.m. to 5:00 p.m.