



## ATHENS-CLARKE COUNTY POLICE DEPARTMENT OPEN RECORDS REQUEST FORM

Submit this form to our Open Records Officer: [Police\\_Orr@accgov.com](mailto:Police_Orr@accgov.com). **Please print legibly.**

<b>About you:</b>	<b>Your Name:</b>			
	Company Name:			
	Mailing Address: (Unless specified otherwise; correspondence regarding your request <u>will be</u> sent to this address)	Street:		
		City:	State:	Zip:
	Phone Number(s):			
	Email Address: (Use only if you wish to receive correspondence via email.)			
	Date and Time of Request:	Date:	Time:	
<b>About your request:</b>	Is your request regarding:	<input type="checkbox"/> Criminal Incident <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Other		
	Report Number(s):			
	Date of Incident:			
	Street Location of Incident:			
	Name of Person(s) Involved: Include Date of Birth:			
	Please describe your request in detail. Continue on the page 2 if necessary.			

- O.C.G.A. 50-18-71 requires public agencies to respond to open records requests within **3 business days (not including the day the request was received)** with available records and/or a cost and/or a time estimate to produce records. ***Depending on the nature of the request, certain records may not be available within 3 business days.***
- Pursuant to O.C.G.A. 50-18-71, a **reasonable charge will be imposed for the search, retrieval, redaction, and production or copying costs to complete an open records request.**
- Pursuant to O.C.G.A. 50-18-71, **public agencies have up to 90 business days to produce requested records.**
- Pursuant to O.C.G.A. 50-18-72, **some records are exempt from public disclosure and will not be released.**
- For further assistance or to submit a request by phone call: **(762) 400-7129.**
- To complete an Online Open Records Request, please submit this form to [Police\\_Orr@accgov.com](mailto:Police_Orr@accgov.com) –or– visit our Record Management Page: <https://www.accgov.com/8269/Records-Management-Unit>.



**ATHENS-CLARKE COUNTY POLICE DEPARTMENT  
OPEN RECORDS REQUEST SUPPLEMENTAL FORM**

Please describe your request in detail using the space provided below.