



Police Department

OPEN RECORDS - REQUEST FORM

Requestor's Name: _____ Date: _____

Telephone#: _____

E-mail Address: _____ Fax #: _____

Mailing Address: _____

Identify Requested Record (s):

To be completed by employee receiving request

Date Request Received: _____ Time Received: _____

Request Received By: Mail Fax E-mail Visit Phone

Employee Receiving Request: _____

Determination: Record(s) Subject to Disclosure Record(s) Not Subject to Disclosure

Date Advised Requestor of Availability or Non-Availability of Record(s): _____

Date Record(s) Made Available: _____

****Additional Notes/Comments:



Elaine P. Snow, Chief of Police
5 Government Plaza, Suite 300 • Rome, GA 30165
phone: 706/238-5111 • fax: 706/238-5185

www.rome.ga.us