



## 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:

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



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