



Garden City Police Department

100 CENTRAL AVENUE
GARDEN CITY, GEORGIA 31405



PHONE (912) 966-7770
FAX (912) 966-7785

OPEN RECORDS REQUEST- INCIDENT

This form is a formal request made under the Georgia Open Records Act (O.C.G.A. 50-18-70) to obtain access to and permission to copy certain records.

Records Requested:

Case/Citation #: _____

Type of request: ☐ Incident report ☐ Video/BWC ☐ Copies of Citations
☐ Other: _____

Name of the Offender/Victim: _____

DOB of Offender/Victim (if available): _____

Date of Occurance: _____

Information about person making the request

Name: _____

My relationship to the person listed in the report (Select all that apply):

☐ Self ☐ Parent/legal guardian ☐ Legal counsel/ attorney
☐ Family member _____ ☐ Other: _____
(specify relationship) (specify)

Requested by: _____ Date: _____
(Signature)

Records can be emailed to: _____

Phone number we can reach you at: _____

**** For office use only ****

This record request was submitted to the Garden City office on this _____ of _____,
20_____. At _____ am/pm. (day) (month)
(year) (time)