

City of Flowery Branch Police Department/ Municipal Court Records

Report Request/Certified Citation Disposition

Request for disclosure of documents under the Georgia open Records Act

Date of Request: _____

Name, Address, Telephone Number, and name of person making request: _____

Specific documents requested: _____

One (1) copy of each document requested will be supplied.

In this department's effort to make all public records available for review pursuant to the applicable Georgia Law, the policy for processing information will be applied equally to all.

The charge for search, retrieval, or redaction of records shall not exceed the prorated hourly salary of the lowest paid full-time employee who, in the opinion of the Police Chief, has the necessary skill and training to perform the request. However, no charge shall be made for the first quarter hour. In addition to the charge for search, retrieval, and redaction of records this agency may charge \$5.00 for a report copy fee.

Due to shortage of staff and time, we can't fulfill request immediately, and are legally allowed three (3) business days to respond. We will notify you within those three (3) business days if there are records responsive to your request and if the records requested are subject to release (O.C.G.A. § 50-18-71).

You may send us a request via facsimile, 770-967-0797. Also, by e-mail to Debracfb@bellsouth.net

I am prepared to pay reasonable search, retrieval and copying fees associated with my request. Payment is required upon receipt of the records.

Name: _____ Date: _____

Requested Received by: _____ Date/Time: _____

City of Flowery Branch Police Department/ Municipal Court Records

Open Records Request (OCGA Section 50-18-70)

Request for disclosure of documents under the Georgia open Records Act

Date of Request: _____

Name, Address, Telephone Number, and name of person making request: _____

Specific documents requested: _____

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In this department's effort to make all public records available for review pursuant to the applicable Georgia Law, the policy for processing information will be applied equally to all.

The charge for search, retrieval, or redaction of records shall not exceed the prorated hourly salary of the lowest paid full-time employee who, in the opinion of the Police Chief, has the necessary skill and training to perform the request. However, no charge shall be made for the first quarter hour. In addition to the charge for search, retrieval, and redaction of records this agency may charge .10 cent per page per copy, unless those copies are requested to be certified. The charge for certified copies is \$5.00 per page.

Please be advised we are legally allowed three (3) business days to respond. We will notify you within those three (3) business days if there are records responsive to your request and if the records requested are subject to release (O.C.G.A. § 50-18-71).

You may send us a request via facsimile, 770-967-0797. Also, by e-mail to Debracfb@bellsouth.net

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Name: _____ Date: _____

Requested Picked up by: _____ Date/Time: _____