



FORSYTH COUNTY SHERIFF'S OFFICE

OPEN RECORDS REQUEST

DATE OF REQUEST: _____

NAME OF INDIVIDUAL/FIRM MAKING REQUEST: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DOCUMENTS REQUESTED (Give specific dates, times, and type of incident):

*In accordance with the Georgia Open Records Act O.C.G.A. 50-18-70 there may be costs associated with this request. I acknowledge and agree to pay any expense incurred.

Signature of requesting party