

# Oakwood Police Department



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Oakwood, Georgia 30566  
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Fax: 770-532-9885



*Chief Tim Hatch*

Date: \_\_\_\_\_

## Requestor's Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Pursuant to the Georgia Open Records Law (O.C.G.A. 50-18-70 et seq), you are hereby requested to make available for review and copying all files, records and other documents in your possession that refer, reflect or relate to \_\_\_\_\_ which occurred on \_\_\_\_\_.

I would like to review the documents/receive the copies within three business days of this request if the records are available and not exempted by law; however, I understand that if the records cannot be produced within three business days, a timetable for their release will be provided to me.

I do NOT need the documents/inspection within three business days but would like to review the documents/receive the copies by the date of: \_\_\_\_\_.

If the request is denied in whole or in part, I ask that you cite in writing the specific statutory exemption upon which you have relied, as required by law. I also ask that you release all separate portions of the otherwise exempt material. Prior to preparing the requested items, I request that you inform me of the cost for these items as required by Georgia law.

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Request Completed By: \_\_\_\_\_ Date: \_\_\_\_\_