



RECORD REQUEST

NAME: _____
ADDRESS: _____
PHONE: _____
EMAIL: _____

Pursuant to the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.), I am requesting the following records:

RECEIVING DOCUMENTS:

- Copies - .10 per page
- PDF File - no charge

Signature:

Date:

Complete and return to Oak Paark Police Department.
Mailing Address - 3857 Harrington Street, Lyons GA 30436
Email - opcitypolice@outlook.com