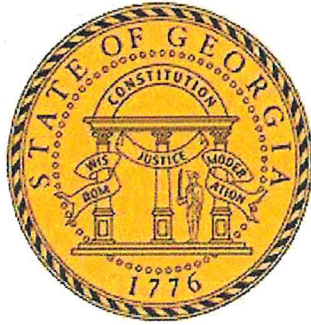




**CITY OF WALTHOURVILLE**  
*Walthourville Police Department*



Chief Of Police  
Chris Reed

192 Suite B Talmadge Road  
Walthourville, Georgia 31333  
(912) 368-6525  
FAX: (912) 368-6511

**OPEN RECORDS REQUEST**

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Requestor's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Pursuant to the Georgia Open Records Law (O.C.G.A. §50-18-70 et seq.), I am requesting 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, \_\_\_\_/\_\_\_\_/20\_\_\_\_.

You are requested to make available these documents within three (3) business days or provide a response outlining the appropriate time required to provide the documents.

If this 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 you release all separate portions of 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.

\_\_\_\_\_ I request to pick up these items from the Walthourville Police Department, upon being notified of their availability.

\_\_\_\_\_ I request that a response to my Open Records Request be mailed to the above indicated address.

Requestor's Signature \_\_\_\_\_

Police Clerk \_\_\_\_\_ Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_ AM/PM