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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Specific documents requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 Kelseyc@flowerybranchga.org

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request Picked up by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_