



ARCADE POLICE DEPARTMENT

Chief Michael Adams

P.O. Box 417

3325 Athens Highway

Jefferson, GA 30549

Main #: 706-367-1821

Fax #: 706-367-8972



Open Records Request

Name: _____ Phone: _____

Email: _____ Address: _____

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

Case #: _____

Physical Copy Mailed to: _____

Digital Copy (Please Note: **Requestor** must provide a link for records custodian to upload records.

Arcade Police Department does not have any access to links, nor do they have associated accounts to be able to access folders such as sharing through Google Folders.)

NOTE: PLEASE ALLOW 3 BUSINESS DAYS FOR A RESPONSE TO THIS REQUEST (IF REQUEST IF RECEIVED BEFORE 3 PM, THAT DAY WILL BE INCLUDED IN THE THREE DAY COUNT. IF REQUEST IS RECEIVED AFTER 3 PM, THE THREE DAY COUNT WILL BEGIN ON THE NEXT BUSINESS DAY)

Reason for Request:

Records Requested: (PLEASE BE SPECIFIC) address, date, time, agency/individuals, nature of incident, caller's name, case number, and any other information related to the incident.

Pursuant to O.C.G.A 50-18-71, administrative and copying fees for the cost to search, retrieve, copy, and supervise access to the requested documents may be charged, The charge of paper copies is \$.10 per page and the charge of digital copies mailed is \$5 per flash drive/disk prepared and @ a rate of \$20.63/hr with the first 15 minutes being no charge for time preparation of requests/video footage.

Signature of Requestor _____