



## OPEN RECORDS REQUEST

CLAYTON POLICE DEPARTMENT  
837 Highway 76 W, Clayton, GA 30525  
Phone (706) 782-2181 | Fax (706) 782-2630  
astrait@cityofclaytonga.gov | jgrist@cityofclaytonga.gov

Today's Date: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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 possessions that refer, reflect, or relate to which occurred on:

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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 that 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 these items up upon being notified of their availability.

\_\_\_\_\_ I request these items be emailed to me upon availability.

\_\_\_\_\_ I request these items be mailed to the above address upon availability.

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