

APPLICATION FOR INSPECTION OR RECEIPT OF PUBLIC RECORDS

Police Department
420 W. Trinity Place
P.O. Box 220
Decatur, Georgia 30031
404-373-6551 • Fax 404-370-4117
kris.boyett@decaturga.com



Applicant _____ Application date _____

Applicant mailing address _____

City _____ State _____ ZIP _____

Applicant email address _____

Applicant phone _____ Secondary phone _____

DESCRIBE THE RECORDS YOU WISH TO INSPECT OR RECEIVE: (Description must be specific enough for a determination to be made as to whether the requested record is subject to release)

Case no. _____ Incident type _____

Incident date _____ Description of records requested _____

Requested method of delivery email mail fax personal retrieval:

Applicant signature _____ Title _____

Return this form to Captain Kris Boyett, 420 W. Trinity Place, Decatur, GA 30030

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AGENCY USE ONLY

Date received by open records officer _____

Requested records subject to release? Yes No

Date request completed _____

By: _____ Title _____