

# 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  
scott.richards@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

I agree to pay any copying and/or administrative costs incurred in fulfilling my requests to the extent permitted by Georgia law. Such costs may include copying charges of 10¢ per page and administrative charges for search, retrieval, redaction, and other direct costs. Such administrative charges should not exceed the salary of the lowest-paid full-time employee, whom in the discretion of the custodian of the records, has the necessary skill and training to fulfill the request. (There is no charge for the first 15 minutes of time).

Applicant signature \_\_\_\_\_ Title \_\_\_\_\_

**Return this form to Deputy Chief Scott Richards, 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 \_\_\_\_\_