



**Greensboro Police Department**  
1141 Siloam Road  
Greensboro, GA 30642  
706.453.7555  
706.453.1522 fax

**Requestor:**

\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

Dear \_\_\_\_\_: (Records Custodian)

Under the **Georgia Open Records Act § 50.18.70 et seq.**, I am requesting an opportunity to inspect or obtain copies of public records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there are any fees for searching or copying these records, please inform me if the cost will exceed \$\_\_\_\_\_. This information is not being sought for commercial purposes.

The Georgia Open Records Act requires a response time within three business days. If access to the records I am requesting will take longer than three days, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for considering my request.

Sincerely,

\_\_\_\_\_  
**Requestor**

\_\_\_\_\_  
**Phone Number**