



Date of Request: _____

Name of Requestor: _____

Name of Agency/Law Firm, if Applicable: _____

Phone: _____

Email: _____

Preferred Method of Contact: Phone ☐ Email ☐

How would you like to receive your records: Pick Up ☐ Mail ☐ Email ☐

Mailing address: _____

Reason for request: _____

Records requested: *(BE SPECIFIC) address, date, time, agencies/individuals, nature of incident, phone numbers, caller's name, case number (if available) any other information related to incident.*

The undersigned is hereby responsible for the cost of the number of copies made at a rate of \$.10 per page and for any compact disc used at a rate of \$5.00 per disc. A charge will also be made commensurate with the hourly wage of the lowest paid employee authorized to search for and organize those records if the search for requested documents exceeds 15 minutes.

Signature of requestor: _____

Released to: _____ Date: _____

Open Records Request Filled by: _____

Please return form to contact911@covington-newton911.com or Christian.favors@covington-newton911.com.

**11234 Alcovy Road, Covington, GA 30014
678-342-8790
www.covington-newton911.com**