



Kingston Police Department

30 West Main Street
Kingston, GA 30145
770-336-5507
770-336-5508 fax



Chief T.J. Sosebee

Tsosebee.kpd@gmail.com

OPEN RECORDS REQUEST FOR POLICE DEPARTMENT

May be e-mailed to Tsosebee@kingstonga.gov, Faxed to 770-336-5508 or in person.

Pursuant to the open records law, I would like to: (Choose *one* of the following)

Inspect and/or copy: _____ or have copies made to pick up: _____

I request the following records for: _____

Any other info: _____

_____ to the City of Kingston Police Department records department.

****In order to reduce administrative and copying charges, please provide as much of a detailed description as possible on the records that you are requesting****

I understand that pursuant to O.C.G.A. 50-18-71, I may be charged administrative and copying fees for the cost to search, retrieve, copy and supervise access to the requested documents. This fee represents the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to my request. This fee is free for the first 15 minutes of time and then the remaining time is billed at the employee's hourly rate. Additionally, the charge per page is \$.10 unless otherwise noted by law. I agree to pay all copying and/or administrative time costs incurred with fulfilling my open records request.

Initials Here: _____

Person Requesting Records: (Please Print Full Name): _____

Today's Date: _____

Address: City: State: Zip: _____

Phone Number to call when records are ready: _____

OFFICE USE ONLY:

Employee Taking the Request: _____ Badge # _____

Date: _____ Time: _____

City Clerk/Officer Recv'd: _____ Date: _____ Time: _____

**COMPLETED OPEN RECORDS REQUEST
BY CITY OF KINGSTON EMPLOYEE**

Name of responding Employee:

Determination:

_____ Record(s) Subject to Disclosure _____ Record(s) **NOT** Subject to Disclosure

Date Requestor Advised of Availability / Non-Availability of Record(s):

Date Records Made Available for Pick Up:

Method: _____ Records Prepared for Viewing

_____ Photocopies Made

_____ Electronic Transmission

_____ Other: Specify _____

Number of Documents Made Available: _____ (Approximate Number of Pages)

Number of Copies (Pages) Provided: _____

Amount Charged: _____

Additional Comments:

