



City of Ringgold

150 Tennessee Street
Ringgold, GA 30736

Office (706) 935-3061
Fax (706) 965-7446

RINGGOLD POLICE DEPARTMENT REPORT REQUEST

I, _____, hereby request a copy of an accident/incident report under the Open Records Act under O.C.G.A. §50-18-70.

Accident/Incident Report No. _____

If the report number is unknown, please list names involved and the date of the incident:

I understand it may be necessary for the City of Ringgold to review the requested documents to determine if they are, in fact, subject to the Open Records Act and to make certain that the documents contain no material exempted under the Open Records Act. I understand that the act allows the City three (3) business days in which to review the requested documents and make its determination. I will then be contacted to schedule a mutually convenient time for my review and/or pick up of the records.

Date: _____

Signature: _____

Phone: _____

Print Name: _____

Email Address: _____

Request via phone: [] Request via email: [] Request via mail: []

Request received by: _____
City Employee

Date: _____ Time: _____

Requested items delivered:

Date: _____

Signature of Recipient

By email: []

By mail: []