



**Towns County
 Sheriff's Office
 4070 State Hwy. 339
 Young Harris, GA 30582
 Phone 706-896-4444
 Fax 706-896-3349**

Open Records Request Form

Information on this form will assist the Towns County Sheriff's Office in providing the public records being requested. You need to provide enough information to specifically identify records, such as case number, incident location, and/or the date of occurrence otherwise we may not be able to locate the requested records. Under Georgia law, some information may not be subject to release may be removed or redacted from records prior to release.

Requestor's Information (Please print legibly)

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Signature: _____

Name of insure or person/party you are requesting this report on the behalf of: _____

Accident Report Certification:

"I certify I am an involved party, vehicle owner, insurance company, attorney, owner of damaged property as a result of the accident, or private investigator representing an involved party or owner for the requested accident report."

IF THE ABOVE STATEMENT IS TRUE, INITIAL BELOW AND INDICATE YOUR RELATIONSHIP TO AN INVOLVED PARTY:

Items available for Request

Incident Report: _____ Accident (Crash) Report: _____ Other (Specify): _____

Brief Description of What's Needed

Records Use Only

Date Processed: _____ Clerk: _____

Date Released: _____

Release Notes: _____