



ADAIRSVILLE POLICE DEPARTMENT

Chief Mike S. Jones



RECORDS REQUEST LOG SHEET

Telephone Request (Date/Time): _____

Request made in Person (Time): _____

Requestor Name: _____

Requestor Address: _____

Requestor Phone/Email: _____

Type of Records Requested: _____

Name of Individual (victim/suspect): _____

Date of Incident: _____

County where occurred: _____

Case Number (if available): _____

Other information: _____

Prepared By: _____

Received By: _____