

GRCC FOIA Request for Public Records

To be completed by requestor

Name of Person Making Request: _____

Company Representing: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Your Client or Insured: _____ Your File Number: _____

Police Incident Report Number: _____ Date of Event: _____

Name Referred to in Report: _____

Specific Event to Which Report Refers:

Method of Access to Record: Mail to Requestor Pick-Up

Mail to: (If different than Requestor) _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of Requestor: _____ Date: _____

Work unit use only

Official Receiving Request: _____ Date: _____

Method of Request: Letter TX In Person

Police Incident Number: _____

Action Taken: Document Provided at Work Site

Requested Records Unavailable at Work Site, Requested forwarded to: _____

Other: _____

Chief's Recommendations: Release Exempt/Deny

Signature of Processor: _____ Date: _____

Signature of Chief: _____ Date: _____

AUTHORITY: ACT 442, P.A. of 1976 COMPLETION: VOLUNTARY

