

City of Cumming Police Department



TROY BRUMBALOW
Mayor

PJ GIRVAN
Chief of Police

DATE OF REQUEST: _____

NAME OF INDIVIDUAL/FIRM MAKING REQUEST: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

DOCUMENTS REQUESTED (Give specific details, times and type of incident):

Email request to records@cummingpd.net

*There may be costs associated with this request. No prior notification will be given if the cost is less than \$25.00 in accordance with the Georgia Open Records Act OCGA 50-18-70

I acknowledge and agree to pay any expenses incurred in accordance with OCGA 50-18-70.

Signature of requesting party