OPEN RECORDS REQUEST
Please complete and return by mail, email, or fax to:

GDOT Office of Legal Services
600 W. Peachtree St., N.W.
Suite 2300
Atlanta, GA, 30308
404-631-1499 (Phone) | 404-551-2720 (FAX)
openrecords@dot.ga.gov

Date: ______________________

Requestor Name: ____________________________________________

Requestor Address: __________________________________________________________________

Requestor Phone: ____________________________________________

Requestor Email: ____________________________________________

Type of information/document/record requested: (You may attach additional sheets as necessary.)

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Complete the following information if applicable:

County: __________________________________________________________________________

Date of Accident/Incident: __________________________________________________________________________

Project Number/P.I. Number: __________________________________________________________________________

Location (State Route/Highway/Interstate/Road): __________________________________________________________________________

Other Information: __________________________________________________________________________

To be completed by Georgia DOT Personnel:

Date Received: __________________________________________________________________________

By: __________________________________________________________________________
Department Employee