OPEN RECORDS REQUEST FORM
Please fax (404)631-1206 or email oda@dot.ga.gov

Date of Request: _____

Sign Owner: _____

Permit (s) #: _____

Working #: _____

Requestor Name: _____

Requestor Address: _____

_____

_____

Requestor Email Address and fax #: _____

Requestor Phone: (_____) _____- _____

Information/document/record requested:

State Route: _____ Highway/Interstate/Road: _____

County: _____ Side of the road (N, S, E, W): _____

Other Information: _____

_____

To be completed by Georgia DOT Personnel:

Date Completed: _____ _____

Department Employee Date

Please allow three (3) business days per O.C.G.A., for a reply due to volume request

REV. 3/25/15