



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