LIBERTY COUNTY MAGISTRATE COURT
STATE OF GEORGIA

RECORD'S REQUEST FORM

Name of Person requesting records: _____

Organization or Firm: _____

Position or Title: _____

Plaintiff's/Prosecutor's Full Name: _____

Defendant's/Accused Full Name: _____

Case Number: _____

Description of Record(s): _____

Date: _____ _____
Signature of person requesting records

Contact number(s): _____

FOR OFFICE USE ONLY:

☐ **Request Approved (by: _____)**
Date completed: _____

☐ **Request Denied (by: _____)**
Reason: _____

I, _____, personally gave _____
a copy of the above requested record(s) on _____, 20_____.

_____ _____
Person Receiving Record(s) **Deputy Clerk / Clerk**