

DOUGLAS COUNTY SHERIFF'S OFFICE

CENTRAL RECORDS DIVISION

BOOKING PHOTOGRAPH REQUEST FORM

The undersigned makes a request pursuant to O.C.G.A. 35-1-19 for an arrest booking photograph on the following individual:

Name: _____

Identifiers: _____

I hereby swear or affirm that, if I am provided a copy of this arrest booking photograph, I **shall not** cause or allow said photograph to be:

- (1) ***Placed in a publication or posted to a website or transferred to any person to be placed in a publication or posted to a website; if***
- (2) ***Removal or deletion of such arrest booking photograph from such publication or website requires the payment of a fee or other consideration.***

By signing this affidavit, I am affirming that the use of such photograph complies with the above-mentioned restrictions. I further understand that making a false statement in connection with receiving this photograph is a misdemeanor and I shall be guilty of a violation of ***O.C.G.A. 16-10-20*** of the Georgia Criminal Code.

Print Name

Signature

Date