

# STATEMENT OF NEED

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

RE: MOTOR VEHICLE ACCIDENT REPORT NO. \_\_\_\_\_

I have a personal, professional, or business relationship with \_\_\_\_\_.

I own or lease an interest in \_\_\_\_\_.

I was allegedly or actually injured by the accident which is the subject of this report.

I was a witness to the accident which is the subject of this report.

I am the actual or alleged insurer of a party to the accident or of property actually or allegedly damaged by the accident which is the subject of this report.

I am a prosecutor or a publicly employed law enforcement officer.

I am alleged to be liable to another party as a result of the accident which is the subject of this report.

I am an attorney and need the requested reports as part of a criminal case, or an investigation of a potential claim involving contentions that a roadway, railroad crossing, or intersection is unsafe.

I am a representative for \_\_\_\_\_. I am obtaining access to motor vehicle accident reports for the sole purpose of news gathering for my news media organization.

I am conducting research in the public interest for such purposes as accident prevention, prevention of injuries or damages in accidents, determination of fault in an accident or accidents, or other similar purposes.

**Requested method of delivery**    email    mail    fax    personal retrieval:

Applicant signature \_\_\_\_\_ Title \_\_\_\_\_

**Return this form to Lanier County Sheriff's Office, Records Custodian, 63 W Church St, Lakeland, GA 31635**

.....  
AGENCY USE ONLY

Requested records subject to release?    Yes    No

Date received by records officer \_\_\_\_\_ Date request completed \_\_\_\_\_

By: \_\_\_\_\_