



Cobb County Fire & Emergency Services

Randy Crider *Fire Chief*

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William L. Tanks *Deputy Fire Chief*
William Johnson *Deputy Fire Chief*

RECORDS REQUEST FORM

TODAY'S DATE: _____

NAME OF REQUESTOR _____

REQUESTOR'S ADDRESS & PHONE # _____

ADDRESS OF INCIDENT REQUESTED

DATE OF INCIDENT: _____

ARE YOU: (check one or more):

VICTIM

OWNER

WITNESS

ATTORNEY

INSURANCE REPRESENTATIVE

NEXT OF KIN

MEDIA

OTHER (Explain)

REPORT(S) REQUESTED (check one)

FIRE REPORT

EMS/PATIENT CARE REPORT

(if EMS report, must have one or more of the criteria in Section II of CCFES Records Release Policy satisfied. Must also make photocopy of patient's Photo ID)

OTHER (explain)

NAME OF EMPLOYEE RELEASING REPORT(S):

_____ INCIDENT # _____ FEE(S) COLLECTED: _____
(Cash or Check)