



# Cobb County Fire & Emergency Services

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**Kevin Gross** *Deputy Fire Chief*  
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## RECORDS REQUEST FORM

TODAY'S DATE: \_\_\_\_\_

NAME OF REQUESTOR & PHONE #: \_\_\_\_\_

REQUESTOR'S ADDRESS: \_\_\_\_\_

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 / INCIDENT REPORT
- EMS / PATIENT CARE REPORT  
(EMS reports 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)