

## COBB COUNTY POLICE DEPARTMENT

Interim Chief of Police

545 South Fairground Street SE Marietta, Georgia 30060 770.499.3900 • fax: 770.499.4195 www.cobbpolice.com

E.S. VanHoozer Deputy Chief of Police J.D. Adcock Deputy Chief of Police O.S. Hamilton Deputy Chief of Police

## COBB COUNTY POLICE RECORD REQUEST

Request date:	
☐ Incident (Type of Incident:	
If report is designated as juvenile or stalking — y identification	
Case Number: Dat	
Location of Incident/Accident:	
Name of Individual on Report:	
Your Name:	
How are you involved? ☐ Victim ☐ Suspect ☐ Complainant ☐	☐ Driver ☐ Passenger ☐ Witness
☐ Attorney/Insurance Agency ☐ News Agency ☐ Other	
Contact Phone Number:	
E-Mail:	
(Pursuant to OCGA 50-18-71(b)(1)(A) You will be n	otified within three (3) business days)
<b>Report fees and retrieval: 1)</b> 50-18-71 (c)(1) and (2) The first fifteer fifteen minutes, a fee of \$14.62 (unless otherwise noted below) wil copied pages or more will be 10¢ each. <b>2)</b> Records to be mailed wil will be sent by e-mail when possible (if provisions are met in accord 9-30 \$5.00 accident report fee for non-involved parties. <b>5)</b> Pursuan camera or body cameras are \$10.00 each.	I be assessed per hour in addition to copying fees. 10 I be standard copying fee plus postage. 3) Reports dance with OCGA 50-18-72(a) (20) (B)(v). 4) OCGA 40-
Accident Reports for Non-involved Pa (Please be aware there is \$5.00 fee	•
Accident Report Statement of Need Pursuan	• • • • • • • • • • • • • • • • • • • •
I,, having need of the relationship of	
report(s) and information therein will not be transferred to any other	I further certify that the





## OFFICE PERSONNEL ONLY

th rt is ne ion.	
ecord · by a	
_	
1	



