



# Cobb County Fire & Emergency Services

1595 County Services Pkwy.  
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**Sam D. Heaton** *Fire Chief*

**Randy Crider** *Deputy Fire Chief*  
**William L. Tanks** *Deputy Fire Chief*

## RECORDS REQUEST

**TODAY'S DATE:** \_\_\_\_\_  
**DATE OF INCIDENT:** \_\_\_\_\_

**NAME OF REQUESTOR/ADDRESS & PHONE #**

\_\_\_\_\_

**ADDRESS OF INCIDENT**

\_\_\_\_\_

**REASON FOR REQUEST (circle one or more):**

- COMPLAINANT
- DEFENDANT
- VICTIM
- OWNER
- WITNESS
- ATTORNEY
- INSURANCE REPRESENTATIVE
- NEXT OF KIN
- MEDIA
- OTHER (Explain)

**REPORT(S) REQUESTED (Structure or Vehicle Fire, etc.):**

- FIRE REPORT
- PATIENT CARE REPORT  
(if PCR, must have patient sign, notarized, and comply with stipulations in CCFES records release policy) Attach release, or complete this portion: Patient Signature & SEAL

\_\_\_\_\_  
**OTHER (explain)**

**EMPLOYEE RELEASING REPORT(S):**

\*\*\*\*\***(CCFES employee shall include case # and amount paid, if any)**\*\*\*\*\*

**OTHER PERTINENT INFORMATION:**

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