



**Cobb County  
Fire & Emergency Services**

1595 County Services Pkwy.  
Marietta, GA 30008-4021  
www.cobbfire.org

**Sam D. Heaton** *Fire Chief*

**Randy Crider** *Deputy Fire Chief*  
**Robert M. Foran** *Deputy Fire Chief*

**RECORDS REQUEST**

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

**NAME OF REQUESTOR/ADDRESS & PHONE # (please print)**

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**SIGNATURE OF REQUESTOR**

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**ADDRESS OF INCIDENT (ALSO INCLUDE DATE & TIME WHEN KNOWN)**

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**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):**

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**OTHER PERTINENT INFORMATION:**

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