



POLICE REPORT REQUEST FORM

DATE: _____ REQUESTOR'S NAME: _____
REQUESTOR'S MAILING ADDRESS: _____
REQUESTOR'S E-MAIL ADDRESS: _____
REQUESTOR'S TELEPHONE NUMBERS: _____/_____

INCIDENT REPORT: (please check all that apply)

- A person named in the report (name): _____
- A third party who is not named in the report (name): _____
- A member of the media (name and outlet) (name and outlet): _____
- An authorized recipient who may receive the records. Please provide authority or provide the signed authorization: _____

ACCIDENT REPORT: (please check all that apply)

- I have a personal, professional, or business relationship with _____
- I own or lease an interest in _____
- I was allegedly or actually injured by the accident which is the subject of this report
- I was a witness to the accident which is the subject of this report.
- I am the actual or alleged insurer of a party to the accident or of property actually or allegedly damaged by the accident which is the subject of this report.
- I am a prosecutor or a publicly employed law enforcement officer.
- I am alleged to be liable to another party as a result of the accident which is the subject of this report.
- I am an attorney and need the requested reports as part of a criminal case, or an investigation of a potential claim involving contentions that a roadway, railroad crossing, or intersection is unsafe.
- I am a representative for _____. I am obtaining access to motor vehicle accident reports for the sole purpose of news gathering for my media organization.
- I am conducting research in the public interest for such purposes as accident prevention, prevention of injury or damages in accidents, determination of fault in an accident or accidents, or other similar purposes.

INFORMATION ABOUT THE RECORDS YOU WISH TO INSPECT OR RECEIVE:

CASE NUMBER: _____ TYPE OF INCIDENT: _____
INCIDENT DATE: _____ DESCRIPTION OF RECORDS REQUESTED: _____

SIGNATURE OF REQUESTOR: _____

METHOD OF PICKUP (check one):

In Person

Email

Fax to: _____

U.S. Postal *Send a LEGAL sized self-addressed stamped envelope to: Georgia Tech Police Department Records Unit
897 Hemphill Avenue, Atlanta, Georgia 30332

GENERAL INFORMATION:

Not all records are subject to release. The Records Unit will answer the request in three business days after receiving the request form and will deliver in accordance with the indicated method of pickup. Please allow at least three business days from the date of the incident to make a request. Office hours are 8:30 am to 3:30 pm Monday-Friday. Requests are subject to a fee of \$.10 per page for any request greater than five pages. Requests for multiple documents or other types of records may incur additional fees in accordance with O.C.G.A. § 50-18-71.2. Data is subject to redaction under O.C.G.A. § 50-18-72(a) (20).

(We will accept check, or money order only; make all payable to the Georgia Tech Police Department).

AGENCY USE ONLY _____

DATE RECEIVED BY RECORDS OFFICER: _____

REQUESTOR IDENTIFICATION CONFIRMED (IF NECESSARY): _____

SPECIAL INSTRUCTIONS OR NOTES: _____

DATE REQUEST COMPLETED _____ BY: _____