Coweta County Sheriff's Office 560 Greison Trail Newnan, GA 30263 Telephone: 770-253-1502

Fax: 770-254-1043 drooks@coweta.ga.us

INCIDENT REPORT REQUEST FORM

All requests for incident reports must be in writing. Reports will be available 3-5 working days after the date of the incident.

Report / Incident #		f unknown f	ill in the information below)
(If known	Skip to requester information)		
Persons named in report Victim:		Offender:	
Date and time of incident Loc		Location of inci	dent
Nature of incident			
Name of requester:			Relationship to person named in report
Company/agency name (If for a business)			
Company/agency address			Phone number
Reason for Requesting Report			
When request is complete (choose one) □ - mail to requester □ call requester for pick up at CCSO			A fax will not be sent to any long distance number unless paid for (\$3.00) ☐ fax report to fax #
Requester's signature:			Date signed:
Records use only Date request received Time Fee			Cash or check #
Released by	Date	100	Casii oi ciicca #

^{*} Note: If you are not named/involved in the report the cost of the report is \$3.00.