



Cartersville Police Department

195 Cassville Rd | Cartersville, GA 30120 | Phone: 770-382-2526

Records Request Form

Information on this form will assist the Cartersville Police Department in providing the public records being requested. You need to provide sufficient information to specifically identify records, such as case number, incident location, and/or the date of occurrence otherwise we may not be able to locate the requested records. Under Georgia law, some information not subject to release may be removed or redacted from records prior to release.

Requestor's Information (Please print legibly)

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Signature: _____ Date: _____

Accident (Crash) Reports: Initial here if the following statement is true: _____

"I certify I am an involved party, vehicle owner, insurance company, attorney, owner of damaged property as a result of the accident, or private investigator representing an involved party or owner for the requested accident report."

Items available for Request

Accident (Crash) Report: _____

Photos: _____

Incident Report: _____

Body Worn Camera: _____

Other (Specify): _____

In-vehicle Dash Camera: _____

*****ALL REQUESTS FOR AUDIO AND VIDEO MUST COMPLY WITH O.C.G.A. 50-18-72(A)(26.2) BY SUBMITTING A SWORN AFFIDAVIT THAT ATTESTS TO THE FACTS NECESSARY TO ESTABLISH ELIGIBILITY*****

Event

Name of involved party: _____ Relationship to an involved party: _____

Nature of event: _____

Location: _____

Case Number: _____ Date Range: _____

Records Use Only

Date Received: _____

Clerk: _____

Date Released: _____

Release Notes:

You may Email this request to: cpdrr@cartersvillepolice.com OR Fax this request to: 770-387-5651