



**Brookhaven Police Department**  
 Police Records Department  
 2665 Buford Highway  
 Brookhaven, GA 30324  
 (404) 637-0600

# INCIDENT REQUEST FORM

Case Number: \_\_\_\_\_ Name of Party Involved: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Requestor Name **(Required)**: \_\_\_\_\_

Requestor Mailing Address **(Required)**: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Requestor Email Address **(Required)**: \_\_\_\_\_

Requestor Phone Number **(Required)**: (\_\_\_\_) \_\_\_\_\_

Pursuant to O.C.G.A. § 50-18-71, there may be charged administrative and copying fees for the cost to search, retrieve, copy, redact, and supervise inspection of the requested documents. Requests submitted after 2 p.m. will be received the next business day. The fee for an Incident Report is \$5.00. In the case of receiving additional records, there may be a \$.10 copying fee per letter or legal size page and/or the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to the request after the first 15 minutes..

PLEASE SELECT BELOW WHO IS REQUESTING TO INSPECT OR RECEIVE A COPY THE INCIDENT REPORT (SELECT ALL THAT APPLY):

- Attorney who has a personal, professional, or business connection with a party to the incident  
(Specify): \_\_\_\_\_
- Involved Party of the incident.
- Witness to the incident.
- Insurer of a party involved in the incident or of property actually or allegedly damaged due to the incident.
- News Media Organization (Specify Organization) \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

*By my signature, I hereby affirm that I am entitled to the above listed incident report for the reason marked.*

Requestor's Signature **(required)**: \_\_\_\_\_ Date: \_\_\_\_\_

To Be Completed by Office Staff:

Processed By: \_\_\_\_\_