



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: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Signature/Date: _____

Name of Insuree or person/party you are requesting this report on the behalf of: _____

Accident Report Certification:

"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."

If the above statement is true, initial below and indicate your relationship to an involved party:

Items available for Request

Incident Report: _____

Photos: _____

In-vehicle Dash Camera: _____

Accident (Crash) Report: _____

Interview: _____

Audio Recordings: _____

Booking Video: _____

Other (Specify): _____

Body Worn Camera: _____

Location of Event

Address: _____

Case Number: _____ Date Range: _____

Records Use Only

Date Processed: _____ Clerk: _____

Date Released: _____

Release Notes: _____

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