



Fort Valley Police Department
200 West Church Street, Fort Valley, Ga 31030
478-825-3383

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 FORT VALLEY POLICE OFFICE STAFF:

Processed By: _____