



City of Ringgold

150 Tennessee Street
Ringgold, GA 30736

Office (706) 935-3061
Fax (706) 965-7446

RINGGOLD POLICE DEPARTMENT Accident Request Form

I _____ request a copy of accident report

Number _____ for the reason(s) listed below:

- I was in the accident
- My property was damaged in the accident
- I was injured in the accident
- My minor child was injured in the accident
- I witnessed the accident (I was not in the accident)
- I am an attorney for one of the parties involved in the accident
- This was an incident (not an automobile accident)
- Other (explain) _____

Signature of Recipient

Date

Signature of Custodian Releasing Record

Date

- This was a request by mail