



EMORY
UNIVERSITY

Police
Department

Coleman-Baker Act | O.C.G.A. 17-21-3
EPD Cold Case Request Form

Date of Request: _____

Person Requesting Reinvestigation: _____

Your Relationship to Victim: _____

Address of Requesting Person: _____

Contact of Requesting Person:

Email: _____ Phone: _____

Date of Occurrence: _____

Victim's Name: _____

Case Number (if known): _____

Address or Place of Occurrence: _____

Signature of Requesting Person: _____

By signing this request, I attest the "cold case murder" I am asking for re-examination of occurred a minimum of 3 years ago, but after January 1, 1970.

Email the form to police@emory.edu, Attention: Investigations Unit, or mail the form to

Emory Police Department

Attention: Investigations Unit Lieutenant

Atlanta Campus Precinct & Headquarters

1784 N. Decatur Rd.

Suite G01

Atlanta, GA 30322