

# Emergency Information Request Fax

## **During Business Hours (Eastern Time Zone)**

To: Cox Subpoena Response  
(404) 269-1898

From: \_\_\_\_\_

Phone: \_\_\_\_\_

## **After Business Hours (Emergency Only)**

To: Cox Network Operations Center  
(877) 866-4474

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

## **Comments:**

### **How to Reach Cox:**

SubpoenaResponse@cox.com

Fax: (404) 269-1898

Information Line and Voice Messages:

(404) 269-0100

Status Requests and Questions

(404) 269-0100

Service via Fax

(404) 269-1898

Saquonna Riley

saquonna.riley@cox.com

Phone: (404) 269-6841

Randy Cadenhead, Esq.

randy.cadenhead@cox.com

Phone: (404) 269-6761

Bob Brand (National Security/Classified)

Phone: (678) 645-0670 (24/7)

Fax : (678) 645-1679

After Business Hours (Eastern Time)- Emergency Only

1 (877) 866-4474



**LEA Emergency Information Request Form**

**Identity of Requesting Party**

LEA \_\_\_\_\_

Representative \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Nature and Extent of Emergency** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Customer Information Sought** \_\_\_\_\_

\_\_\_\_\_

**Identification of Customer [e.g., name, address, email address, IP address (with date and time)]**

\_\_\_\_\_

\_\_\_\_\_

**Agency Billing Information (if different from above)**

\_\_\_\_\_

\_\_\_\_\_

**Indemnification**

The requesting party states, as representative of a governmental entity, that this request relates to an emergency involving danger of death or serious physical injury to a person and requires disclosure without delay and that the information provided shall not be used or shared for any unlawful or harmful purpose. Requesting party represents he or she has the authority to execute this form and agrees to indemnify and hold Cox Communications, its subsidiaries, employees and agents harmless for any claim, demand, loss or injury, including attorneys' fees brought against Cox by a third party, including the subscriber, as a result of Cox's compliance with this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please fax a signed copy to: (404) 269-1898  
After business hours, fax to Eastern Time Zone: (877) 866-4474**