

Emergency Information Request Fax

During Business Hours (Eastern Time Zone)

To: Cox Subpoena Response
Fax: (404) 269-1898

After Business Hours (Emergency Only)

To: Cox Network Operations Center
Fax: (404) 269-0720

From: _____

Phone: _____
Other Contact Means: _____

Date: _____

Comments:

How to Reach Cox:

Saquonna Duncan

Saquonna.Duncan@cox.com

Phone: (404) 269-6841

Angela Frazier

Angela.frazier@cox.com

Phone: (404) 847-6180

Duane Ritter (National Security/Classified)

duane.ritter@coxinc.com

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

Fax: (678) 645-1679

Blaine Holton (National Security/Classified)

Blaine.holton@coxinc.com

Phone: (678) 645-4853(24/7)

Fax : (678) 645-5853

After Business Hours - Emergency Only

PSAP (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: (404) 269-0720