

MULTIPLE REQUEST FORM

- Fill out form for each request (Please Print Clearly).
 Record name and mailing address of requestor.
- Attach cashiers check or money order for each request. (NO CASH ACCEPTED).
 Mail or submit requests at any District Station or at Headquarters Building.

DRIVER:	OWNER:			
Last Name First Middle	Last Na		First I	Middle
LOCATION OF OCCURRENCE:				
DATE / TIME REPORTED TO POLICE:				AM or PM
OFFICER'S NAME:	I.D.#:	_ CASE NUMBER:	·	
(If you are requesting a CRIMINAL REPORT fill in this section				
INCIDENT TYPE: Burglary Theft Destruction of Prope	rty Stolen Auto	Other(Specify):		
VICTIM:				
Last Name First			Middle	
LOCATION OF OCCURRENCE:				
DATE / TIME REPORTED TO POLICE:				AM or PN
OFFICER'S NAME:	I.D. #:	CASE NUMBI	ER:	
REQUESTOR: (Name)				
(Organization if Applicable)				
(Mailing Address)				
(Telephone number)				
Request Report E-mailed				
FEES: OFFENSE/INCIDENTS/ACCIDENT REPORTS		1 ST 10 PAGES .50	A PAGE AFTER 10	ı
RESEARCH	\$30.00 an hour s	starting with the 2 nd	hour	
A' P.O	ney orders payable to HARLES COUNTY SI TTN: Records Sectio D. BOX 189 Plata, MD 20646	HERIFF	heriff	
ADMINISTF	RATIVE USE ONL	.Y		
Date Processed and Mailed:		 		
Processing Clerk:				

Local: (301) 609-6400

EQUAL OPPORTUNITY COUNTY