

Troy D. Berry SHERIFF

## Charles County Sheriff's Office

P.O. Box189 - LA PLATA, MD 20646-0189

## **MULTIPLE REQUEST FORM**

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PLEASE PRINT CLEARLY  NAME OF REQUESTOR:		DATE OF REQUEST:			
		PHONE #:			
ORGANIZATION (IF APPLICABL	Æ):				<u>.</u>
HOW DO YOU WANT TO RECEIV	E RESPONSE( check one)	EMAIL	U.S. MAIL	PICK UP AT HE	EADQUARTERS
MAILING ADDRESS:					
CITY:STATE:	ZIP:	_EMAIL ADD	RESS:		
CASE NUMBER:		OFFICERS NAME:		I.D.#:	
LOCATION OF INCIDENT:					
DATE AND TIME OF OCCURREN	CE:				AM or PM
	IONAL DETAILS THAT I				
	**				
REASON FOR REQUEST(Optiona	11):				
TYPE OF REP	ORT REQUESTED AND/	OR ITEMS REC	QUESTING (PLE	ASE CHECK):	
VEHICLE ACCIDENT REP	PORT DRIVERS NAME	::			\$8.00 per report
POLICE REPORT	TYPE OF INCID	ENT:			\$8.00 per report
PHOTOS ON CD					\$15.00 per CD
VIDEO RECORDING	TYPE OF RECOI				\$65.00 per DVD
AUDIO RECORDING	TYPE OF AUDIO			0	\$65.00 per DVD
K	eports are \$8.00 for the firs	t 10 pages .50 co	ents a page after 1	.0.	
A RESEARCH	FEE WILL BE CHARGEI	HOURLY STA	ARTING WITH T	THE 2 <sup>ND</sup> HOUR.	
ALL PAYMENTS MUST BE CASHIER'S	CHECK OR MONEY OR	DER FOR EAC	CH REQUEST. NO	O CASH, NO PERSO	ONAL CHECKS, AN
	Make cashier's checks / mo				
	QUESTS AT ANY DISTR				
	MAIL TO: Cha	arles County Sh	eriff's Office		
	AT	TN: Records Se	ction		
	P.C	). Box 189			
	La	Plata, MD 2064	6		
ALLOW 10 WORKING DAYS	FOR PROCESSING YOU	R REQUESTS.	ALLOW 30 DAY	YS FOR SPECIAL R	EQUESTS
	<u>ADMINIST</u>	RATIVE USE	<u>ONLY</u>	Amou	unt Paid
Date Processed and Mailed:	Items Release	d:			
Processing Clerk: R	equest Granted: Ye	es No	Reason Denie	ed	
Local: (301) 609-6400	EQUAL OPPO	RTUNITY COUN	TY		