**REQUEST FOR PUBLIC INFORMATION**

In accordance with Maryland’s Public Information Act, Title 4 General Provisions Article of the Annotated Code of Maryland, the below individual requests a copy of records containing information described in this form. *Maryland is a closed record state, and all details are not open to the public*.

**Date:** Click or tap here to enter text.

**Instructions**

1. Complete this form—all information is required—and enclose a Money Order or Check – ***no cash***.
2. Address the envelope to: Aberdeen Police Department

Records Section

60 N. Parke Street

Aberdeen MD 21001

1. Mail form and Money Order or Check ***or*** place envelope in the DROP BOX outside of Aberdeen City Hall.
2. Do not hand deliver this request in person to the Police Department. (No Walk-Ins)

**Requestor’s Information (Print Clearly)**

Preferred Delivery to Requestor: [ ]  Mailing [ ]  Email

Requestor Name: Click or tap here to enter text. Email Address: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Your involvement: [ ]  Victim [ ]  Suspect [ ]  Other (explain)

Are you an Attorney? [ ]  Yes [ ]  No

Who do you represent? [ ]  Victim [ ]  Suspect Client’s Name: Click or tap here to enter text.

**Incident Information**

Requested Information: [ ]  Report [ ]  Photos [ ]  Body Worn Camera [ ]  In Car Video

 [ ]  Calls for Service [ ]  Other Video

Date(s) of Incident: Click or tap here to enter text.

Location *and* Time of Incident: Click or tap here to enter text.

Case or Incident Number: Click or tap here to enter text. Type of Incident Involved: Click or tap here to enter text.

Additional Number: Click or tap here to enter text. [ ]  Accident [ ]  Civil [ ]  Criminal [ ]  Other

Additional Info: Click or tap here to enter text.

**SIGNATURE OF REQUESTOR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Office use only*

Payment received: Amount: $\_\_\_\_\_\_\_\_\_\_\_ Check/MO #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_

If denied list reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If released, what material was released and how: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials: \_\_\_\_\_\_\_\_ Date released: \_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of search: \_\_\_\_\_\_\_\_\_\_\_\_\_\_