Please Print or Type Legibly.

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| --- | --- | --- |
| Name | | Date |
| Address | Daytime Phone | Evening Phone |
| City | State | Zip |
| Pursuant to the Public Information Act of Maryland, I,  (Print Name)  hereby request the listed information, on Page 2 of this Request, from the Aberdeen Police Department.  I acknowledge that the Public Information Act pertains to documents ONLY and that the Administrative Supervisor or designee, according to the Public Information Act, has the right to review this request, having up to 30 days to grant or deny it, with cause.  I understand that fees can be charged for retrieving and providing copies of this information.  Maryland law requires the applicant to be a party in interest, in some cases. This mandates us to ask who you are and why you need the information. If your request falls into this category, your request may be denied if it is not determined you are a party in interest. Answering all the questions will help us determine whether you qualify as a party in interest. | | |
| 1. What is your interest in the record? (victim, witness, defendant, media, etc) | | |
| 1. If you are an attorney, whom do you represent? | | |
| 1. If you represent an insurance company, who are you acting on behalf of? | | |

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| **Documents Requested** | |
| **Budget/Financial Information:** | |
| Call(s) for Service Date, Time, Location: | |
| Child Sex Offender Information Name and Reason (Required by Law): | |
| News and Press Releases Date or Subject (be as specific as possible): | |
| Police Report Case Number, Date, Time: | |
| **Statistical Information:** | |
| Other – Please Describe in Detail: | |
| Motor Vehicle Accident Report Accident Report Number OR Date, Time, and Location: | |
| Mail or deliver this request, with payment, to :  Aberdeen Police Department  60 N. Parke Street  Aberdeen, MD 21001  Non-Refundable fee for duplicating up to 9 pages of a report: $5.00, payable by cash, check, or money order.  If you have any questions about this procedure, you may call the Records Section at 410-272-2121 x103. | |
| Signature of Requestor: | Date: |
|  | |
| FOR INTERNAL USE ONLY Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Request Granted: ⬜ Yes ⬜ No Reason Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Turned over to Administrative Supervisor: ⬜ Yes ⬜ No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Material Released: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Mailed to Requester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time Required for Search: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |