



HARFORD COUNTY SHERIFF'S OFFICE
CENTRAL RECORDS
P.O. BOX 150
BEL AIR, MARYLAND 21014-0150
410-836-5450 FAX 410-893-9266

REQUEST FOR PUBLIC INFORMATION

Date of Request: _____

Pursuant to Public Information Act of Maryland, I _____,
(Print Name)

hereby request the below listed information from the Harford County Sheriff's Office. *I acknowledge that the Public Information Act pertains to documents ONLY and that the Records Custodian, or his/her 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.

In some cases, Maryland law requires the applicant to be a party in interest. 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 the below listed questions will help us determine whether you qualify as a party in interest.

What is your name, address, and phone number : _____
(Address needed to mail your request, if approved)

What is your interest in the record? (ie; victim, witness, defendant, media, etc).

If you are an attorney, whom do you represent? _____

If you are representing an insurance company, who are you acting on behalf of ? _____

I am requesting the below listed documents:

Arrest Logs (List dates/times) _____

Budget/Financial
Information _____

Call(s) _____ for _____ Service _____ (List _____ date, _____ time,
location) _____

Child Sex Offender Information (List name and reason - reason is required by law)

Copies of News and Press Releases (Provide date or subject matter) _____

Police Report (List case number, date and time) _____

Statistical Information _____

Harford County Detention Center records: _____

Other (please describe in detail) _____

MOTOR VEHICLE ACCIDENT REPORT REQUESTS:

Accident Report Number (or date, time and Location) _____

CHECK ONE OF THE FOLLOWING:
(if box is not checked, report will be mailed)

Will pick up

Mail Back

Signature

Date

SHERIFF'S OFFICE USE

Name of Person Receiving request: _____ Date: _____

Identification Verified Copy of Identification Attached

Request Granted: yes no

Reason Denied: _____

Turned over to Records Manager yes no Date: _____

What material was released: _____

Fee: _____ Time required for search: _____