

## **Anne Arundel County Police Department** **Request to Inspect or Receive Copies of Public Records**

The department and its members will abide by all local, state, and federal laws governing the release of public records. The Central Records Manager is the official custodian of all department records and requests for official documents, including Public Information Act Requests, will be directed to him/her. Upon receipt and review of your request, you will receive a response from the Central Records Manager within a reasonable time, but no later than 30 days.

1. Applicant's name and address (please print):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Telephone Number (if you would like to be called before fees are assessed; optional):

\_\_\_\_\_

3. Date of Incident (if applicable): \_\_\_\_\_ 4. Report # (if applicable): \_\_\_\_\_

5. Describe or identify the records that you want to inspect or copy. If only a police report is requested, and you have provided the report number above, please skip.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please see the current fee schedule below. There may be additional charges for review and/or preparation if review/preparation takes more than two hours.

<b>Fee Schedule</b>	
\$5.00	Police report/CAD notes in person
\$6.00	Police report/CAD notes by mail
\$19.00	Report retrieval (archived reports)
\$40.00	911 Audio CD
\$1.00	Color photo copy
\$1.50	Commercial photo copy
Reports more than 20 pages and other records are charged \$.25 per page.	

\_\_\_\_\_ I am willing to pay all fees for this request without prior notification.  
\_\_\_\_\_ I am willing to pay fees for this request up to a maximum of \$\_\_\_\_\_.  
\_\_\_\_\_ If you estimate that the fees will exceed this limit, please contact me.  
\_\_\_\_\_ I am requesting that fees be waived. I am requesting this waiver on the following grounds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Interest in Report: (check all that apply)

- Directly involved in the incident/record
- Legal representative for \_\_\_\_\_, who is directly involved in the record  
Name or firm: \_\_\_\_\_
- Insurance carrier for \_\_\_\_\_  
Company name: \_\_\_\_\_
- Not directly involved in the incident/record
- Other (Explain) \_\_\_\_\_

**Mail to: Anne Arundel County Police Department  
Custodian of Records  
8495 Veterans Highway  
Millersville, Maryland 21108**

**Applicants may also bring this form to any county police facility and request that it be forwarded to the Central Records Manager.**

Signature \_\_\_\_\_

Date \_\_\_\_\_