

**Montgomery County, Maryland – Department of Police**  
**Information Support and Analysis Division**  
**Report Dissemination Form**

Name of Requestor: \_\_\_\_\_ Today's Date: \_\_\_\_\_

(circle one) **Victim    Suspect    Driver    Attorney    Insurance Co.**

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

**Representing:** \_\_\_\_\_

(circle one) **Victim    Suspect    Driver**

**Report Information**

Report made over the phone: \_\_\_\_\_yes \_\_\_\_\_no

Type of Event: \_\_\_\_\_ Report Case #: \_\_\_\_\_

**(Example: Auto, Accident, Vandalism, Theft or Burglary)**

Location Occurred: \_\_\_\_\_

Date of Report: \_\_\_\_\_ Name of Officer/Investigator: \_\_\_\_\_

Number of Copies Requested: \_\_\_\_\_

**(\$10.00 Charge per Report/Copy)**

**Signature of Requestor:** \_\_\_\_\_

**Note:** Some reports may require Supervisory review. Please allow 48 hours to complete.

**Some personal identifying information may be redacted.**

**OFFICE USE – DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_ Copy Disseminated \_\_\_\_\_ Copy Disseminated-Information Redacted \_\_\_\_\_ Request Denied

**PAYMENT RECEIVED:** Credit Card: \_\_\_\_\_ Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Money Order : \_\_\_\_\_

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed required \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_