Montgomery County, Maryland – Department of Police

Report Dissemination Form

Name of Requestor: ___________________________________________  Today’s Date: __________

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

Address: _______________________________________________________

Home Phone: __________________________ Work or Cell Phone ________________

If you are an attorney, who are you representing?

(circle one)  Victim  Suspect  Driver  Other________________________

Report Information

Nature of the Incident/Type of Report: ______________________________

Accident ___  Report Case # ________________________________

Location Occurred: _______________________________________________

Date of Report: ________  Name of Officer/Investigator: __________________________

Number of Copies Requested: ______ (10.00 Charge per Report/Copy)

Signature of Requestor: ____________________________________________

--- OFFICIAL USE – DO NOT WRITE BELOW THIS LINE ---

___Copy Disseminated ___Copy Disseminated-Information Redacted ___Request Denied ___Report Not Ready

PAYMENT RECEIVED: ___Credit Card ___Check ___Cash ___Money Order ___Free/CAD List Only

Employee: ______________________________________ Date: _______________________

Receipt Transaction Number: _________________________________

Approved By: ___________________________________________ Date: _________________

Comments: ________________________________________________