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)

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:

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 (arrest logs, etc) ______________________________
______________________________________________________________________________

Other (please describe in detail): ___________________________________________________
______________________________________________________________________________

**MOTOR VEHICLE ACCIDENT REPORT REQUESTS:**
Accident Report Number (OR date, time and location):
______________________________________________________________________________
______________________________________________________________________________

Your request can be mailed or dropped off at Harford County Sheriff’s Office, 45 S. Main
Street, Bel Air, Maryland 21014. There is a $5 fee (non-refundable) for duplicating up to 9
pages of a report. The Harford County Sheriff's Office has a set fee list to include reports
longer than 10 pages, photos, video’s etc. Payment must be received in the form of check or
money order (cash will not be accepted) and must be attached to the PIA request. Reports
can not be faxed or picked up while you wait. Once the record section receives your request
and payment, the report will be mailed within 30 days. If the request is denied, you will be
notified by mail.

If you have any questions about this procedure, please contact the records Section at 410-
836-5450.

Signature            Date

SHERIFF’S OFFICE USE

Name of Person receiving request: ____________________________ Date: ________________
Request Granted: ☐ yes ☐ no
Reason Denied: ____________________________________________
Turned over to Records Manager ☐ yes ☐ no Date: ________________
What material was released: _________________________________
Date material was mailed: ________________

Fee: ________________  Time required for search: ________________