

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: _____