



**OFFICE OF THE SHERIFF
ST. MARY'S COUNTY, MARYLAND**

23150 Leonard Hall Drive
Leonardtown, MD 20650



MULTIPLE REPORT REQUEST FORM

1. Fill out form for each request (**Please Print Legibly**).
2. Complete name and mailing address of requestor. There is no charge to obtain a copy of a report for the victim of the crime. Suspects are not entitled to the report.
3. Requests can be submitted in person at Sheriff's Office Headquarters in Leonardtown or can be mailed.
4. Insurance Companies: Attach check or money order for \$5.00 for each request.
5. Please allow 10 working days for processing your requests. Allow 30 days for special requests and/or open cases.

***If you are requesting an ACCIDENT REPORT, refer to SMCSO Form #98A;
Requests for Juvenile Reports are referred to the Office of Juvenile Services.***

PLEASE PRINT

DATE/TIME OF REQUEST: _____

INCIDENT TYPE: Burglary Theft Destruction of Property Stolen Auto Other (Specify):

VICTIM:

Last Name	First	Middle	Date of Birth
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DATE/TIME REPORTED TO POLICE: _____ AM or PM

OFFICER'S NAME: _____ I.D. #: _____ CASE #: _____

**REQUESTOR
NAME:**

Last Name	First	Middle	Date of Birth
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ORGANIZATION, IF APPLICABLE: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

	City	State	Zip
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ADMINISTRATIVE USE ONLY

Date Processed/Mailed/Pick Up/Denied: _____

Records Processing Clerk: _____