Worcester County Sheriff's Office

 ${\it Matthew~Crisafulli} \\ {\it Sheriff}$



Douglas Dods Chief Deputy

INCIDENT/ ACCIDENT REQUEST FORM

Date:			
Requestor Name:_			
Requestor Organiza	ation:		
Reason for Reques	t:		
Date Requested:			
Check one: Accident Report (\$5.00		00 fee)	Incident Report (\$6.00 fee)
Case/ Accident #(s)	:		
Disseminate	d requested incident/ a	ccident report.	
Total	Pages Included	(Not includi	ng this form)
Date of	disseminated		
Did NOT dis	seminate requested inc	cident/ acciden	t report.
Reaso	on for denial:		
Payment Ma	de: (Mail payment to address		
	Cash C	heck #	
	WCSO	Fillable Below	
WCSO Employee who completed request (Printed Name)		ne) Printed Nai	me of Supervisor Approved
		Signature o	of Supervisor Approved
		Date Supe	rvisor Approved

"Proud to Protect, Ready to Serve"

Worcester County Sheriff's Office One West Market Street, Room 1001 Snow Hill, MD 21863 410-632-1111- phone / 410-632-3070- fax www.WorcesterSheriff.com