

# Worcester County Sheriff's Office

Matthew Crisafulli  
Sheriff



Nate Passwaters  
Chief Deputy Sheriff

## Public Information Act Request Form

This is a request under the Public Information Act.

I request that a copy of \_\_\_\_\_ be provided to me:

Case Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Deputy Name: \_\_\_\_\_

Time of Day: \_\_\_\_\_ to \_\_\_\_\_

Vehicle #: \_\_\_\_\_

Requestor information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you named specifically on the case you are requesting? Yes No

If no, why are you requesting? \_\_\_\_\_

Are you a representative of a media outlet (newspaper, magazine, TV, etc.)? Yes No

If yes, name of the organization? \_\_\_\_\_

Are you a representative of an educational institution? Yes No

If yes, name of the institution? \_\_\_\_\_

Are you a representative of a company or business? Yes No

If yes, name the company/ business? \_\_\_\_\_

I understand that the Worcester County Sheriff's Office may charge reasonable fees for reproduction of requested records, and that payment of fees is due upon dissemination of the report. (Cash and/ or check payments only, make checks payable to WCSO.)

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

(WCSO Personnel Complete Section)

\_\_\_\_\_  
WCSO Command Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WCSO Command Staff Printed Name

\_\_\_\_\_  
Date Report Disseminated

By: Mail Person Email

## **“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](http://www.WorcesterSheriff.com)