



**OFFICE OF THE SHERIFF, HOWARD COUNTY
RECORDS SECTION
8360 COURT AVENUE
ELLICOTT CITY, MARYLAND 21043
410-313-4201**

**REPORT REQUEST
PLEASE PRINT**

To receive a copy of a sheriff report, please fill out the following information and mail your request along with payment to the address above. You may also hand this request to the Duty Officer. There is a \$10.00 reproduction charge for each report requested. Special Note: If the report is older than 2 years and must be retrieved from an offsite storage facility the reproduction fee will be \$19.80. Payment must be in the form of a check or money order (cash will not be accepted) made payable to HOWARD COUNTY DIRECTOR OF FINANCE. Please include as much information as possible. In the event there is a question concerning your request, please include a work, and/or home phone number, and email address. Also indicate the address you wish the report to be mailed to. REPORTS CANNOT BE PICKED UP WHILE YOU WAIT NOR CAN THEY BE FAXED. Once the Records Section received your request and payment, the report will be mailed within 30 days.

If you have any questions about this procedure, please contact the Records Section at 410-313-4201.

REPORT NUMBER _____ INVESTIGATING DEPUTY _____

TYPE OF INCIDENT _____ DATE/TIME REPORTED _____

LOCATION OF INCIDENT _____

PERSON REQUESTING REPORT _____

REQUESTING PERSON'S INVOLVEMENT _____

(Examples: Driver, Passenger, Executor/Administrator of Estate, Other Persons Involved in Incident, Insurance Company, Attorney, etc.)

CLIENT NAME FOR ATTORNEY OR INSURANCE COMPANY _____

REQUESTING PERSON'S ADDRESS _____

PHONE NUMBERS _____
HOME WORK

EMAIL ADDRESS _____

ADDRESS YOU WISH REPORT MAILED _____

PLEASE ENCLOSE CHECK OR MONEY ORDER (NO CASH ACCEPTED) IN THE AMOUNT OF THE APPLICABLE FEE MADE PAYABLE TO: HOWARD COUNTY DIRECTOR OF FINANCE. (If after review if the incident report it is determined that you are listed as a victim in the report, the reproduction fee(s) will be returned to you.)

PROCESSED BY ADMINSTRATIVE ANALYST _____

DATE PROCESSED _____