

DR. MONA BECKER
Mayor



THOMAS LEDWELL
Chief of Police

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City Administrator

WESTMINSTER POLICE DEPARTMENT
36 LOCUST STREET
WESTMINSTER, MD 21157
(410) 848-4646/(410) 848-4230 fax

REQUEST FOR PUBLIC INFORMATION

Date of Request: _____

Pursuant to Public Information Act of Maryland, I _____,
(Print Name)

hereby request the below listed information from the Westminster Police Department. I acknowledge that the Public Information Act pertains to documents/video ONLY and that the Custodian of Records, or his/her designee, according to the Public Information Act, has the right to review this request, having **ten (10)** days to grant or deny it, with cause. If the request is granted, the Custodian shall produce the record immediately or within a reasonable amount of time. I understand that fees can be charged for retrieving and providing copies of this information. If the request is denied, the applicant will be notified within ten working days and provided the reasons why it cannot be released.

In some cases, Maryland Law requires the applicant to be a party of interest. This mandates us to collect certain identifying information and the reasons for the request. Please answer the below listed questions so that we may properly process your request.

(1). What is your interest in this case? (e.g., victim, witness, defendant, media, etc.)

(2). If you are an attorney, whom do you represent? _____

(3). If you are representing an insurance company, who are you acting on behalf of?

(4). I am requesting the following (please check all applicable):

Accident Report Criminal/Civil Incident Report Personnel Records

BWC Footage Internal Investigation Report

(cont.)

Radio Communication Statistical Information Press Releases

Calls for Service 911 Calls

Other, (please describe in detail below):

(5). Provide the following information (if known):

Case Number: _____ Date & Time of Incident/Offense: _____

Address of Incident/Offense: _____

Involved Names: _____

Summary of Incident (BWC request only): _____

The more specific your request, the better we can search and locate the records you are requesting. Note: Material may only be picked up by the person/requestor who signs below.

Signed: _____ Date: _____

Name: _____ Phone: _____

Address: _____

Email: _____

There may be a fee to process your request. You will be contacted when your material is ready to be picked up and notified of any associated fees.

Requests must be picked up within 30 days or it will be destroyed