



BALTIMORE POLICE DEPARTMENT CLOSED INVESTIGATION CASE FILE FORM

DATE

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FORM 383

CUSTODIAN OF RECORDS

Requestor Name:	
Address:	
Phone #:	Email Address:
Case Name or Client:	
District Court or Circuit Court Case Number:	
Police Report Number (CC#):	Date & Time Frame of the Offense:
Location of Offense:	Type of Offense:
Victim's Name and Date of Birth:	
Suspect(s) Name, (Name charged under) and Date of Birth:	SID#:
Any additional information that may aid in processing your request:	
Specific records being requested:	

If you do not have all of this information, please provide whatever you do have.

Mail your requests to:

**Baltimore Police Department
Attention: Custodian of Records C/O Legal Affairs
100 N. Holliday Street, Room 100
Baltimore, Md. 21202**

NOTE: All requests submitted by the media must go through the Baltimore Police Department's Office of Media Relations.