



# BALTIMORE POLICE DEPARTMENT CLOSED INVESTIGATION CASE FILE FORM

DATE

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  
242 W. 29<sup>th</sup> St  
Baltimore, Md. 21211

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