

OFFICE OF THE COUNTY SHERIFF

Carroll County, Maryland

Request for Police Services

Type of Service Requested/Complaint:

Date:

Time:

Call Taker:

Caller/Complainant:

Name: _____

Address:

Phone #: _____

Additional Information:

Unit Assigned: _____

Date Assigned: _____

Deputy Assigned: _____

Date Assigned: _____

Supervisor Review: _____

Date: _____

Summary of Action/Enforcement Taken: _____

CCSO #145 Rev. 07/01 File OPS 35

Original – Chief FSB

File – OPS 35

Copy – Front Desk

Activity Log on reverse side 