



Maryland Coordination and Analysis Center
WATCH SECTION
RFS - Request For Service

(MCAC Use Only)
DATE: _____ TIME: _____ Request #: _____

(MCAC Use Only) RFS Request taken by: _____

Circle one: **Immediate** (Must be; time sensitive/Officer Safety/Fresh Pursuit) **Routine** (within 48 hours) Usually takes less than 8 hr

Requestor's Name: _____ ID#: _____

Requestor's Agency: _____ Empl. Verify: _____

(YOUR CASE NUMBER IS REQUIRED)

Requestor's Case#: _____ E-mail: _____

Telephone #: _____ Fax#: _____

Suspect _____ **Victim** _____ **Witness** _____ **Other** _____

Name: _____

Address: _____

DOB: _____ Telephone: _____

SSN: _____ Vehicle Tag#: _____

Race/Sex: _____ SID / FBI / OLN#'s: _____

Specific Type of Investigation: (Required Type of Crime or Case)

Location? City: _____ **County:** _____ **State:** _____

What does Requestor want to know?

MCAC Use Only:

Criminal Predicate? (Please circle) YES or NO

Date Completed/Delivered: _____ Time Completed/Delivered: _____

How Information was delivered: (circle one): FAX TEL EMAIL P/UP

Assigned Search Analyst: _____ Time Spent: _____

Supervisor Review: Name: _____ Date: _____ Disposition: _____