

MARYLAND CAPITOL POLICE REQUEST TO DENY / RESTRICT ACCESS

TYPE OF REQUEST:				
☐ Notification (call ahead prio	or to entry)	cort by Requesting Agency	☐ No Access	
SUBJECT OF DENIAL: (Provid	e all information available	or known)		
Name:				
Last	First	First Mid		
Date of Birth:	Sex:	Race:	Age:	
Height:	Weight:	Build:	Build:	
Address:				
Contact Number:	Drivers Lic.#		State:	
Employer:				
Was MCP Notified? □ If Yes, Provide Incident Number				
Location Access is To Be Deni	ed:			
Length of Denial:		(any request over 6 mc	onths must be renewed)	
Agency Requesting Denial:				
Agency Point of Contact:				
Office Phone:	Other Phone:			
Agency Head Authorizing Requ	uest:			
Agency Head Signature:	Date:			

EMAIL REQUEST TO: <u>DGS.MCP@Maryland.gov</u> or FAX TO: 410-333-7036