

# Worcester County Sheriff's Office

Matthew Crisafulli  
Sheriff



Mark C. Titanski  
Chief Deputy

March 12<sup>th</sup>, 2020

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

MuckRock News  
Department MR 80388  
411A Highland Ave  
Somerville, MA 02144-2516

Dear Mr. Sinyangwe,

This letter is in response to your Public Information Act request faxed to the Worcester County Sheriff's Office on March 11<sup>th</sup>, 2020 at 05:10edt. Please complete the attached PIA Request Form, and mail the original back to us at the address below. Depending on the complexity of your request a fee could be associated.

Respectfully,

A handwritten signature in black ink, appearing to read "Amy Jo Titanski", is written over a horizontal line.

Amy Jo Titanski  
Administrative Services Coordinator/ Quartermaster

**"Proud to Protect, Ready to Serve"**

Worcester County Sheriff's Office  
One West Market Street, Room 1001  
Snow Hill, MD 21863  
410-632-1111- phone / 410-632-3070- fax  
[www.WorcesterSheriff.com](http://www.WorcesterSheriff.com)

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## Public Information Act Request Form

This is a request under the Public Information Act.

I request that a copy of Please see initial communication be provided to me:

Case Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Time of Day: \_\_\_\_\_ to \_\_\_\_\_

Deputy Name: \_\_\_\_\_

Vehicle #: \_\_\_\_\_

Requestor information:

Last Name: Samuel

First Name: Sinyangwe

Middle Name: \_\_\_\_\_

Date of Birth: 03-30-2020

Address: 411A Highland Ave. MR80388

Somerville, MA 02144

Phone: \_\_\_\_\_

Email: 80388-84500293@requests.muckrock.com

Are you named specifically on the case you are requesting? ☐ Yes ☒ No

If no, why are you requesting? \_\_\_\_\_

Are you a representative of a media outlet (newspaper, magazine, TV, etc.)? ☐ Yes ☒ No

If yes, name of the organization? \_\_\_\_\_

Are you a representative of an educational institution? ☐ Yes ☒ No

If yes, name of the institution? \_\_\_\_\_

Are you a representative of a company or business? ☐ Yes ☒ No

If yes, name the company/ business? \_\_\_\_\_

I understand that the Worcester County Sheriff's Office charges a reasonable fee of \$6.00 for a copy of the above requested report, and that payment is due upon dissemination of the report. (Cash and/ or check payments only, make checks payable to WCSO.)

Requestor Signature \_\_\_\_\_

Date \_\_\_\_\_

----- (WCSO Personnel Complete Section) -----

WCSO Command Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

WCSO Command Staff Printed Name \_\_\_\_\_

Date Report Disseminated \_\_\_\_\_

By: ☐ Mail ☐ Person ☐ Email

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