

REQUEST FOR INFORMATION UNDER THE  
**MARYLAND PUBLIC INFORMATION ACT**  
(Please Print)

**REQUESTOR**

Name:

Date:

Name of Organization:

Address:

Phone #:

Email Address:

**INFORMATION REQUESTED**

Pursuant to Section 10-611 *et seq.* of the State of Government Article, Annotated Code of Maryland, request is hereby made for (please specify): \_\_\_\_\_ examination, AND/OR \_\_\_\_\_ copies of the following records: (NOTE: The request should be as specific as possible, and should include specific dates and/or time frames; document names or subject matter; and specific locations and/or address.)

**SIGNATURE**

I understand that if the City does not have the record as requested above, it is not required to compile information. I further understand that the costs of gathering the documents requested and copying them must be paid prior to release of the documents. I understand that if I am permitted to examine the record, I shall not alter, falsify, cancel, destroy, mutilate, or remove any part thereof, under penalty of law. If the City denies access to the records I have requested herein, I understand that I have the right to seek judicial review of that decision by filing a complaint in the appropriate circuit court, as provided in Section 10-623 of the State Government Article, Annotated Code of Maryland, which sets forth certain remedies for wrongful denial of access.

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

Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

TO DEPARTMENT HEAD FOR \_\_\_\_\_ INITIAL \_\_\_\_\_

REQUEST IS APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ If denied, give reason: \_\_\_\_\_

DID THE CITY ATTORNEY REVIEW REQUEST? YES \_\_\_\_\_ NO \_\_\_\_\_

REQUESTOR NOTIFIED OF RESPONSE ON \_\_\_\_\_ BY \_\_\_\_\_

INFORMATION MADE AVAILABLE ON \_\_\_\_\_ BY \_\_\_\_\_

FEE CHARGED \$ \_\_\_\_\_ FEE PAID \$ \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

**RECEIPT**

DOCUMENTS/INFORMATION RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_