

**DORCHESTER COUNTY
PUBLIC INFORMATION ACT
REQUEST FORM**



In accordance with the Maryland Public Information Act, Maryland Annotated Code, General Provisions § 4-101 et seq., and the County's Rules and Procedures for processing Public Information Act (PIA) requests, I hereby request access to inspect a public record under the custody of the following County Department or Agency:

COUNTY DEPARTMENT OR AGENCY

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REQUESTOR'S INFORMATION

DATE:

| | |
|------------------------|--|
| NAME | |
| STREET ADDRESS | |
| MAILING ADDRESS | |
| PHONE NUMBER | |
| E-MAIL ADDRESS | |

SPECIFIC DESCRIPTION OF THE PUBLIC RECORDS SOUGHT:

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In executing this request form, I hereby agree to pay all costs prior to receiving the information requested, including, but not limited to: all copying fees, either by staff or a professional copy service, tapes, CDs, transcript fees, postage, and all search, preparation, and review fees pursuant to the County's PIA Rules and Procedures, as amended from time to time. I understand that no records will be produced until I have paid all fees in full and that the County reserves the right to require a deposit before processing my request. I further understand that the official custodian has up to 30 days in which to supply the requested information. If my request or any part thereof is denied, the custodian shall provide me with a written statement within 10 working days of the custodian's decision.

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| REQUESTER'S SIGNATURE^{1*} | |
| DATE | |

¹This request form may be signed electronically. Electronic signatures are deemed original signatures.

SUBMIT COMPLETED REQUEST FORMS:

OFFICE
Dorchester County Office Building
501 Court Lane, Room 108
Cambridge, MD 21613

MAIL
Dorchester County Council's Office
501 Court Lane, PO Box 26
Cambridge, MD 21613

EMAIL
info@docogonet.com

FOR OFFICE USE ONLY:

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|--------------------------------|--|
| DATE REQUEST RECEIVED: | |
| DATE REQUEST COMPLETED: | |