**Public Information Act (PIA) Request**

**I request information from the following specific records(s) in the custody of the Somerset County Health Department under Public Information Act, Annotated Code of Maryland, General Provisions Article, §§ 4-101 – 4-601 *et seq*. The procedures are also detailed in Somerset County’s PIA Policy and COMAR 10.01.08 Procedures for Access to Records.**

**There is no charge for the first four copies but there is a charge of $.50 for each copy thereafter as well as a $25.00 administrative charge after 4 copies. As addressed in COMAR 10.01.08.03, this office has 10 business days after the receipt of the request to respond to the record request.**

Address of property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Map: \_\_\_\_\_\_\_\_\_ Parcel: \_\_\_\_\_\_\_\_\_ Section: \_\_\_\_\_\_\_ Block: \_\_\_\_\_\_\_ Lot: \_\_\_\_\_\_\_

Type of Records Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Requesting Records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like the records sent by (circle):

Fax Email Mail Pick-up

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person requesting records

**Please fax request to: 410-651-3425**

Office Use Only

Date records pulled: \_\_\_\_\_\_\_\_\_\_\_\_\_ # of copies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clerk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_