** Somerset County Health Department**

8928 Sign Post Road, Suite 2, Westover, Maryland 21871

443.523.1700 • Fax 410.651.5680 • TDD 1-800-735-2258

Health Officer Lori Brewster, MS, APRN/BC, LCADC

**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.**

**Fees are in accordance with COMAR 10.01.08.04 as follows: Copies are $.50 per page. Administrative Fee of $25.00 per hour (first 2 hours are no charge). Certification of Copies are $.20 per page. Mailing or Delivery Fee – Actual cost to SCHD. In accordance with 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: 410-651-5680**

***Office Use Only***

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

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