



**Somerset County Health Department**  
8928 Sign Post Road, Suite 2, Westover, Maryland 21871  
443.523.1700 – 800.363.8090 – Fax 410.651.5680  
TDD 1-800-735-2258  
Health Officer: Danielle Weber, MS, RN

## Public Information Act (PIA) Request

Official request for information from the following specific record(s) in the custody of the Somerset County Health Department (SCHD) under the 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 and are as follows: Copies are \$0.50 per page. Administrative fee of \$25.00 per hour (first 2 hours are no charge). Certification of Copies are \$0.20 per page. Mailing or Delivery Fee is the 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. **A separate request must be submitted for each unique property.**

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

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

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

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

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

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

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

Records to be sent by (circle):                      Email                      Fax                      Mail                      Pick-Up

Signature of Person Requesting Records: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit request via email ([somerset.environmental@maryland.gov](mailto:somerset.environmental@maryland.gov)) or fax (410-651-3425).**

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### SCHD Office Use Only

Date Records Pulled: \_\_\_\_\_ # of copies: \_\_\_\_\_ Charge: \_\_\_\_\_

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