



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:

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DATE	
REQUESTER'S NAME	
REQUESTER'S STREET ADDRESS	
REQUESTER'S MAILING ADDRESS <i>(if different)</i>	
REQUESTER'S TELEPHONE NUMBER	
REQUESTER'S 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.

REQUESTER'S SIGNATURE¹	
DATE	

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

Submit completed request form to dlane@docogonet.com or to the County Council's Office, 501 Court Lane, Room 108, Cambridge, MD 21613.

FOR OFFICE USE ONLY:

Date request received: _____

Date request completed: _____