

CITY OF COLLEGE PARK
 REQUEST FOR INFORMATION UNDER THE
MARYLAND PUBLIC INFORMATION ACT
 (Please Print)

REQUESTOR	Name of Individual: _____ Date: _____ Name of Organization: _____ Address: _____ Contact Information: _____
INFORMATION REQUESTED	Pursuant to §10-611 <i>et seq.</i> of the State Government Article, Annotated Code of Maryland, request is hereby made for (please specify): ____ examination, AND/OR ____ copies of the following records. The request should be as specific as possible, and should include specific dates and/or time frames; document names or subject matter; and specific locations and/or addresses:
SIGNATURE	<p>I understand that if the City does not have the record as requested above, it is not required to compile information. I further understand that the costs of gathering the documents requested and copying them must be paid for prior to release of the documents (fee schedule attached). I understand that if I am permitted to examine the record, I shall not alter, falsify, cancel, destroy, mutilate or remove any part thereof, under penalty of law. If the City denies access to the records I have requested herein, I understand that I have the right to seek judicial review of that decision by filing a complaint in the appropriate circuit court, as provided in §10-623 of the State Government Article, Annotated Code of Maryland, which sets forth certain remedies for wrongful denial of access.</p> <p>Date: _____ Signature: _____</p>
FOR OFFICE USE ONLY	
	TO DIRECTOR, DEPARTMENT OF _____ INITIAL: _____ REQUEST IS APPROVED: ____ DENIED: ____ If denied, give reason: DID THE CITY ATTORNEY REVIEW REQUEST? YES ____ NO ____ REQUESTOR NOTIFIED OF RESPONSE ON: _____ BY: _____ INFORMATION MADE AVAILABLE ON: _____ BY: _____ FEE CHARGED: \$ _____ FEE PAID \$ _____ REC'D BY: _____
RECEIPT	DOCUMENTS/INFORMATION RECEIVED BY: _____ Date: _____