

DATE: \_\_\_\_\_

## MARYLAND PUBLIC INFORMATION ACT REQUEST

NAME, ADDRESS, PHONE NUMBER AND ORGANIZATION OF REQUESTOR:

TO DIRECTOR, DEPARTMENT OF:

In accordance with the Administrative Orders of the City of College Park, request is hereby made for (PLEASE CHECK) \_\_\_\_ examination/ \_\_\_\_ copy of the following record(s), if any (identify as specifically as possible the record desired):

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 examination or copy must be paid for in advance as prescribed.

It is also understood 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 Section 10-623 of the State Government Article, Annotated Code of Maryland (1995 Repl. Vol.), which sets forth certain remedies for wrongful denial of access.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**For office use only**

RECEIVED ON \_\_\_\_\_

NOTIFICATION OF AVAILABILITY/COST ON \_\_\_\_\_

FEE PAID ON \_\_\_\_\_

INFORMATION AVAILABLE ON \_\_\_\_\_

INFORMATION RECEIVED BY REQUESTOR ON \_\_\_\_\_