

Date Stamped Received

Town of Rising Sun

Request for Public Information Form

As requested on this date: _____, and in accordance to the General Provisions Article, Title 4 Maryland’s Public Information Act (PIA) of the Annotated Code of Maryland, I wish to inspect all records in your custody and control pertaining to the following information:

If all or any part of this request is denied, I request that I be provided with a written statement of the grounds for the denial within 10 working days. If you determine that some portions of the requested records are exempt from disclosure, please provide me with the portions that can be disclosed.

I also anticipate that I will want copies of some or all of the records sought. I further understand that the Town has adopted a fee schedule, which stipulates that there is a charge of fifty (\$ 0.50) cents per single page, and one (\$1) dollar per double sided page for all copying or scanning of documents. If the administrative time related to preparing and making such copies/scanning exceeds two (2) hours, there will also be an additional flat rate charge of twenty-five (\$25) dollars per each additional hour. I further understand that some documents may be down loaded at no charge from the Town of Rising Sun website at www.risingsunmd.org and that other such disclosable documents, not located on the website, but in electronic format, can be emailed to my attention at the email provided below at no additional charge.

(Please check yes to receive information via email Yes No)

I look forward to receiving disclosable records promptly and understand that subject to the Maryland’s Public Information Act (PIA), and certain specific provision not detailed in this form, that the Town of Rising Sun has thirty (30) days from the date of receipt of this request to provide me with this information.

Thank you for your cooperation.

If you have any questions regarding this request, please telephone me at _____

Print Name

Signature

Address

Telephone Number

Email Address