

300A S. Seton Ave ♦ Emmitsburg, MD 21727 Phone: 301-600-6300 Fax: 301-600-6313 www.emmitsburgmd.gov ♦ info@emmitsburgmd.gov

PUBLIC INFORMATION ACT REQUEST

PURSUANT TO THE GENERAL PROVISIONS ARTICLE SECTION 4-101 THROUGH 4-601, OF THE MARYLAND'S PUBLIC INFORMATION ACT ("PIA"), THE UNDERSIGNED REQUESTS A COPY OF ALL PUBLIC RECORDS CONTAINING THE INFORMATION HEREINAFTER DESCRIBED.

Requestor's Information							
Full Name:	Last	First		М.І.			
Organization:							
Address:	Street Address			Apartment/Unit #			
	City		State	ZIP Code			
Home Phone:		Alternate Phone:					
Email:							
	Cust	odian of Records					
Organization:	Town of Emmitsburg Custodian: Town Clerk						
Address:	300A South Seton Avenue Street Address						
	Emmitsburg City		MD State	21727 ZIP Code			
I am requesting:	☐ Copies of Documents	☐ Inspection of Docume	nts Only				
I request the follo	wing public record(s) (please be	very specific):					

Fees

more pages. Copying charges a comore pages. Copying charges may be of \$25 per hour if the retrieval, review, upon retrieval of documents. Remit the Emmitsburg" upon retrieval of docume	e more for larger size item or research of the record e exact amount by cash, o	s or other specialty t Is takes <u>more than</u> 2	ype records. hours. Paym	There may also be a fee nent is to be paid in full				
I am willing to pay all fees f	I am willing to pay all fees for this request without prior notification.							
9 . ,	I am willing to pay fees for this request up to a maximum of \$ If you estimate that the fees will exceed this limit, please contact me.							
I would like to request a wa	☐ I would like to request a waiver of all fees because the requested information is in the public interest							
and will contribute to the pu	ublic's understanding of	:. :-		-				
	Person of I	Interest						
A "person in interest" is a person w parent or legal representative if the be available may be available to a	e person has a disability							
Are you a "person in interest" for th	ne document(s) you req	uested?	Yes	□ No				
If yes, please explain:								
This information is being sought fo Thank you for considering my requ Sincerely,		: ☐ Yes	□ No					
Requestor's Signature		Date						
Fax (301) 600	approval or denial notice in irm. If the request is appro Fown of Emmitsburg, 300	nust be provided in woved, the requestor w	vriting or by e vill be notified	email within 10 working d as to the total fee.				
	For Town U	se Only:						
Custodian of Records:		Date Request Re	ceived:					
☐ Approved ☐ Denied		# of Pages:						
Date Documents Provided/Inspected	Method:	Method:						
Notes:								