



CITY OF GREENBELT

MARYLAND PUBLIC INFORMATION ACT REQUEST

REQUESTOR	Name of Individual and/or Organization: Address/Phone Number/Email/Other Contact Information:
INFORMATION REQUESTED	Pursuant to §4-201 <i>et seq.</i> of the General Provisions 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	I understand that if the City does not have the records as requested above, it is not required to create one. I further understand that the costs of searching for, preparing and reproducing the documents requested must be paid 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 §4-362 of the General Provisions Article, Annotated Code of Maryland, which sets forth certain remedies for wrongful denial of access. NOTE TO REQUESTOR: If the fee to be charged exceeds \$350.00 and you believe the fee to be unreasonable, you may file a complaint with the State Public Information Act Compliance Board as provided in § 4-1A-05 of the General Provisions Article, Annotated Code of Maryland. You may also seek the assistance of the Office of the Public Access Ombudsman to resolve disputes between you and the City relating to requests for public records as provided in § 4-1B-01 of the General Provisions Article, Annotated Code of Maryland. Date: _____ Signature _____
FOR OFFICE USE ONLY	
TO (DEPARTMENT(S)): _____	
DID THE CITY ATTORNEY REVIEW REQUEST YES _____ No _____	
REQUESTOR NOTIFIED OF RESPONSE ON: _____ BY: _____	
FEE CHARGED: \$ _____ FEE PAID (DATE) _____ REC'D BY _____	
INFORMATION AVAILABLE ON (DATE): _____ REQUESTOR NOTIFIED: _____	
RECEIPT	
DOCUMENTS/INFORMATION RECEIVED BY: _____ DATE: _____	