

Reviewer:

☐ Approved

Description of document:

■ Denied

## Department of Public Safety and Correctional Services

## Public Information Act Request Form

PURSUANT TO THE GENERAL PROVISIONS ARTICLE SECTION 4-101 THROUGH 4-601, OF THE ANNOTATED CODE OF MARYLAND, THE UNDERSIGNED REQUESTS A COPY OF ALL PUBLIC RECORDS CONTAINING THE INFORMATION HEREINAFTER DESCRIBED.

Date:		
		Phone No.:
Address:		
City:	State:	Zip:
I request the follow	ing public record/s:	
Requester's Signatu	ire:	
been approved, you wil	l be notified as to the total fee.	ery request of three or more pages. When the request has Remit the exact amount by check or money order, payable to ctional Services" within 30 days from date of approval.
	of your residence or business le	thin 30 days and you will have the right to petition the circuit ocation, or where the records are situated, to review the matter
	enata Seergae, Maryland D gae@dpscs.state.md.us	OPSCS, 300 East Joppa Road, Towson, MD 21286
For State Use Only		

Agency/Division:

Fee: \$

Date:

# of Pages: